

Republic of the Marshall Islands
National Study on Family Health and Safety

Dāpij Aenōmman Eo Ilo Mōko Imōd



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Ministry of Internal Affairs

Majuro

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This report has been prepared by Henrica A.F.M. (Henriette) Jansen and Brooke Takala Abraham. For standardization purposes, this report draws heavily on the national prevalence study of Tonga prepared by Ma Famili Ma'a Fafine. The views in the report are those of the authors and do not necessarily reflect the views of the Australian Government or of any other organization or person.



The development statement of the Ministry of Internal Affairs

To help all levels of the community of the Republic of the Marshall Islands to understand and take pride in their cultural identity and heritage and to assist them to recognize their rights and participate in the leadership and management of the community, and to improve the quality of the life of the people, and to inform, educate, and entertain the people of the Republic of the Marshall Islands.

The mission statement of Women United Together Marshall Islands (WUTMI)

WUTMI ej ainiken kora in Majol, nan kokajoor im koonmaanlok kora ilo kejparok manit, maron ko an armij ilo kaurok men ko bwinid im lal eo ej jepoole.

WUTMI is the voice of Marshallese women, for the empowerment and advancement of women, through protection of cultural knowledge and human rights and safeguarding our island environment and inherent resources.





"It's time
to start
talking
about
this"

*(Marshallese Traditional Leader
discussing violence against women)*



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Foreword

Message from the RMI Minister of Internal Affairs



National studies on Violence Against Women (VAW) are challenging, as they require a high level of specialized, professional research. The WHO methodology, first used in the region as part of the multi-country study on women's health and domestic violence against women, was adapted for these studies. While allowing for regional comparisons, additional information is provided to enable reporting against the UN Statistical Commission VAW core indicators. These reports would not have been possible without the dedicated service and compassionate care of research teams in each of the countries. To support the country

teams, UNFPA recruited Henriette Jansen to adapt the methodology and provide valuable technical assistance to the studies. Ms. Jansen worked with a Technical Advisory Panel composed of Riet Groenen, Janet Fanslow, Edwina Kotoisuva, Mia Rimon, and Nguyen Thi Viet Nga. Carlued Leon oversaw the research in the FSM and provided technical support for the completion of the five studies. In addition, Seema Vyas, Leilua Taulealo, Beth Daponte, and Erik Devereux provided vital data analysis. A UNFPA Pacific Sub-Regional Office technical, program, and operational team, led by UNFPA Gender Adviser Maha Muna, and Australian

Government staff also supported this research. Funding for the research and publication was provided by the Australian Government.

David Kabua
Minister of Internal Affairs of the
Republic of the Marshall Islands

Message

from the Director and Representative of the UNFPA Pacific Sub-Regional Office



Violence against women (VAW), whether by a partner or someone outside an intimate relationship, is a human rights violation and a clear expression of prevailing gender-based inequalities and discrimination that women face around the world, including the Pacific Region.

Actions to prevent and respond to VAW and address the needs of survivors have become a priority concern for the international community, the United Nations (UN), governments, civil society organizations and other stakeholders.

In the Pacific Region, Cook Islands hosted the Forty-Third Pacific Islands Forum in Rarotonga in August 2012. At this meeting, Pacific Island leaders issued the Pacific Leaders Gender Equality Declaration, acknowledging the pervasiveness of Violence against Women (VAW) in the region, and recommitting to ending violence against women and strengthening response.

Over the past decade, UNFPA and the SPC with support from the Government of Australia (DFAT) published three national representative studies on VAW in the Pacific region. The reports reflect high prevalence of VAW, particularly intimate partner violence, in Samoa, Solomon Islands and Kiribati. With the continuous support from the Government of Australia, UNFPA supported the Governments of the Cook Islands, the Federated States of Micronesia, the Republic of Nauru, the Republic of Palau, and the Republic of Marshall Islands to conduct national studies on VAW.

The implementation of national studies on VAW to provide an evidence base for VAW policies, legislative reform and sound programming is challenging, as they require a high level of specialized, professional research. The WHO methodology, which was first used in the region as part of the Multi-country Study on Women's Health and Domestic Violence against Women, was adapted for these studies. UNFPA

acknowledges the dedicated service and compassionate care of research teams in each of the countries, without whom these reports would not have been possible.

UNFPA Pacific Sub-Regional Office stands committed to supporting governments and civil society initiatives to eradicate violence against women, and to ensure that survivors are able to access and receive the highest quality health care and safe referrals to other essential services. The reports are now in the public domain where they can be further discussed and where, most importantly, they can serve as solid evidence to inform the development of adequate policies, awareness and prevention initiatives, and support programs aimed at timely responding and ending violence against women in the region.

Dr. Laurent Zessler
Director and Representative
UNFPA Pacific Sub-Regional
Office

Message

from His Excellency Dr. Terry Beven, Australian Ambassador to the Federated States of Micronesia, the Republic of the Marshall Islands, and the Republic of Palau



Violence against women and girls is unacceptable anytime, anywhere. It has a profound and devastating impact on its victims and on the community. Ending violence against women and girls is crucial to ensuring women's full participation in their communities and economies to maximize growth.

The *RMI Family Health and Safety Study* helps us to understand the nature, prevalence and impact of violence against women in the Republic of Marshall Islands. The results of the survey are concerning because they show a high level of violence against women, and this demands urgent action.

The Australian Government is committed to being at the forefront of efforts to empower women and girls and promote gender equality. Our development policy, *Australian aid: promoting prosperity, reducing poverty, enhancing stability*, recognizes that gender equality is critical to development, and must be a key part of our programming.

Australia remains dedicated to reducing violence against women, both domestically and internationally. Through Pacific Women Shaping Pacific Development (*Pacific Women*) Australia will continue to work in partnership with the Republic of

Marshall Islands to reduce violence against women and increase access to support services and justice for survivors of violence.

Dr. Terry Beven, Australian Ambassador to the Federated States of Micronesia, the Republic of the Marshall Islands, and the Republic of Palau

Acknowledgements

This Family Health and Safety Study (FHSS) was initiated through the Republic of the Marshall Islands (RMI) Ministry of Internal Affairs and conducted by Women United Together Marshall Islands (WUTMI). Though not the first study on family violence in the country, it is the most comprehensive.

We would like to recognize our traditional leaders and government leaders for their support of this project.

We would also like to extend sincere gratitude to everyone who contributed to the FHSS, particularly to the 947 women who shared their stories with the hope of a brighter and equitable future for our families.

It must be said that without the dedication and commitment of our field researchers, this study would not have been possible. Our team of women and men persevered through emotionally and physically demanding situations, becoming more empowered to advocate for positive change in our communities. Strong and healthy families will be supported by their work. We thank them a thousand times over.

Many people contributed to the design and implementation of the survey and to the analysis of the findings. Thank you to all the editors, data entry staff, and statisticians for your professionalism, and responsibility in carrying out the research to the highest ethical and safety standards. (Annex I lists all research team members.)

We would also like to acknowledge the Government institutions and civil society organizations who participated in this study: Ministry of Internal Affairs (MoIA), Women United Together Marshall Islands (WUTMI), Economic Policy, Planning, and Statistics Office (EPPSO), Marshall Islands Epistemological Prevention Initiative (MIEPI).

We are deeply grateful to Dr. Henrica A.F.M. (Henriette) Jansen, International VAW Researcher, for the development of this methodology and guidance with training, pilot testing, implementation, data processing, analysis, and reflection. She worked with a Technical Advisory Panel composed of Riet Groenen, Janet Fanslow, Edwina Kotoisuva, Mia Rimon, and Nguyen Thi Viet Nga. Thank you for empowering women in the Marshalls and worldwide. The final report was reviewed by Carlued Leon and the Technical Review Committee members, Dr. Mary Ellsberg, Dr. Lianne Urada, and Dr. Hiroaki Matsuura.

We extend our gratitude to Leilua Taulealo for training our data entry staff, Cheryl Vila of College of the Marshall Islands and MIEPI for her quantitative data analysis expertise, and Dr. Seema Vyas for the household socioeconomic status analysis.

We must recognize the dedication of Dr. Pauline Gulliver from the New Zealand Family Violence Clearinghouse (University of Auckland) for conducting the risk factor analysis, offering insights into intimate partner violence within indigenous communities, and for shining the light during dark times.

Finally, this national study would not have been possible without our national researcher Ms. Brooke Takala Abraham, and Ms. Maha Muna and Ms. Lorna Rolls from the UNFPA Pacific Sub-Regional Office, who provided technical and policy advice, and local UN Joint Presence Office Coordinator Mr. Terry Keju. Funding for the research and publication was provided by the Australian Government.

Kommol Tata.

Acronyms and abbreviations

ADB	Asian Development Bank	PCA	Principal components analysis
AG	Attorney General	RMI	Republic of the Marshall Islands
CEDAW	Convention on the Elimination of All Forms of Discrimination against Women	RRRT	Regional Rights Resource Team
CRC	Convention on the Rights of the Child	SES	Household socioeconomic status index
CSO	Civil Service Organization	SPC	Secretariat of the Pacific Community
CSPro	Census and Survey Processing System (software for data entry and processing)	SPSS	Statistical Package for Social Sciences (data analysis software)
DFAT	Australian Government's Department of Foreign Affairs and Trade	SRQ20	Self-reported questionnaire (20 questions) to assess mental health
DV	Domestic Violence	STATA	Statistical data analysis software
EPPSO	Economic Policy, Planning and Statistics Office	STIs	Sexually Transmitted Infections
FHSS	Family Health and Safety Study	UN	United Nations
FR	Field Researcher	UNDP	United Nations Development Program
GAD	Gender and Development	UNFPA	United Nations Population Fund
GBV	Gender-based violence	UNICEF	United Nations Children's Fund
IPV	Intimate Partner Violence	UNIFEM	United Nations Development Fund for Women (currently UN Women)
JNJIE	Jodrikdrik nan Jodrikdrik in Ejmour (YTYIH)	UNV	United Nations Volunteers
MoIA	Ministry of Internal Affairs	USP	The University of the South Pacific
MDGs	Millennium Development Goals	VAW	Violence Against Women
MoH	Ministry of Health	YTYIH	Youth to Youth in Health
NGO	Non-governmental organization	WHO	World Health Organization
NTA	RMI National Telecommunications Authority	WUTMI	Women United Together Marshall Islands

Executive Summary

For brevity, complete academic references are not included in the Executive Summary. Please see the full report for complete references.

Violence against women (VAW) is a global problem that crosses cultural, geographic, religious, social, and economic boundaries and is a violation of human rights.¹ Violence against women deprives women of their right to take part fully in social and economic life. It causes a myriad of physical and mental health issues and in some cases results in loss of life. A lack of understanding of the magnitude of VAW, its causes and consequences, and the trends and patterns across cultures and countries, including those in the Pacific, hinders the development of efforts to address it.²

VAW is a widely known but rarely discussed issue. In the RMI, as in many countries, it is seen as a family problem. There is a need to combine quantitative and qualitative data on the subject not only to inform policy but also to recognize the human rights of women and their families and give voice to those who are largely unheard.

Organization of the study

The study was implemented by the Ministry of Internal Affairs and managed by Women United Together Marshall Islands (WUTMI). A locally based consultant assisted with interviewer training, quantitative and qualitative data collection, analysis, and report writing while an international consultant from UNFPA gave technical support in all aspects of the project. Data collection was conducted in August and October of 2012.

A Consultative Committee (CC) consisting of key stakeholders from various ministries, non-governmental organizations (NGOs), religious bodies, donor agencies, and educational institutions was enacted to support and advocate for legitimacy and ownership of the study. Each member of the

CC signed a confidentiality agreement along with a Pledge of Commitment to see the project through to the intervention phase and beyond.

The Resources and Development Committee (RDC) is a national steering committee consisting of the heads of core Government ministries and key NGO stakeholders, which exists to support and advocate for legitimacy and ownership of all research projects in the Republic. The RDC was also given the role of policy guidance and direction for VAW as well as mobilizing support for the dissemination of the findings.

Objectives

The National Study on Family Health and Safety in the RMI consisted of two separate components: a quantitative study based on the methodology developed for the WHO Multi-Country Study on Women's Health and Domestic Violence against Women; and a qualitative study based on data collection methods of previous studies.

The study sought to obtain information about:

- (1) The prevalence, frequency and types of violence against women, including:
 - Physical and sexual violence, emotional abuse, and controlling behaviors by intimate partners.
 - Physical and sexual violence against women since they were 15 years old by non-partners.
 - Sexual abuse in childhood (before 15 years of age).³
- (2) The extent to which violence against women by a partner is associated with a range of health and other outcomes.
- (3) Factors that may either protect from or put women at risk of violence by a partner.

¹ World Health Organization. (2009). Preventing violence through the development of safe, stable, and nurturing relationships between children and their parents and caregivers, in *Violence Prevention: the evidence*. Geneva: World Health Organization.

² World Health Organization (Producer). (2012, 7 August 2013). Violence against women. Fact Sheet No 239. Retrieved from <http://www.who.int/mediacentre/factsheets/fs239/en/>.

³ Exploring violence by perpetrators other than intimate partners enables identification of forms of violence against women by other family members as well as other perpetrators and provides an opportunity to determine how important domestic violence and partner violence against women is in comparison to other experiences of interpersonal violence in a woman's life.

- (4) Coping strategies and services that women use to deal with domestic violence, as well as perceptions about domestic violence against women.

Quantitative component

The quantitative component replicates the methodology developed for the WHO Multi-country Study on Women's Health and Domestic Violence against Women.

Sample design

The quantitative component consisted of a population-based household survey, covering ten atolls: Majuro, Ebeye, Jaluit, Wotje, Lae, Ailinglaplap, Maloelap, Mili, Namu, and Arno. A multi-stage sampling strategy was used to select 1301 households. In each selected household, one woman was randomly selected from all eligible women 15–64 years of age. In total, 947 women (response rate 95% of households with eligible women), representing all women 15–64 years old in RMI, were interviewed. The fieldwork took place between August and October 2012, using structured face-to-face interviews conducted in full privacy at the respondents' homes or in another safe area.

Questionnaire

The generic questionnaire for the WHO Multi-country Study on Women's Health and Domestic Violence (version 11) was translated into Marshallese. Somewhat adapted for the Marshall Islands, the questionnaire consisted of an administration form, a household selection form, a household questionnaire, a women's questionnaire, and a reference sheet.⁴ The women's questionnaire included an individual consent form and the following 12 sections:

Section 1: Characteristics of the respondent and her community

Section 2: General health

Section 3: Reproductive health

Section 4: Information regarding children

Section 5: Characteristics of current or most recent partner

Section 6: Attitudes towards gender roles

Section 7: Experiences of partner violence

Section 8: Injuries resulting from partner violence

Section 9: Impact of partner violence and coping mechanisms used by women

Section 10: Non-partner violence

Section 11: Financial autonomy

Section 12: Anonymous reporting of childhood sexual abuse, respondent feedback.

Operational definitions of different types of violence

The word "violence" was not used in the interviews. When a woman confirmed she had experienced at least one of the acts noted below, it was considered in the analysis that she had experienced the indicated form of violence.

Physical violence by an intimate partner <ul style="list-style-type: none"> a) Was slapped or had something thrown at her that could hurt her b) Was pushed or shoved c) Was hit with fist or something else that could hurt d) Was kicked, dragged, or beaten up e) Was choked or burnt on purpose f) Perpetrator threatened to use or actually used, a gun, knife, or other weapon against her 	Controlling behaviors by an intimate partner <ul style="list-style-type: none"> a) He tried to keep her from seeing friends b) He tried to restrict contact with her family of birth c) He insisted on knowing where she was at all times d) He ignored her and treated her indifferently e) He got angry if she spoke with another man f) He was often suspicious that she was unfaithful g) He expected her to ask permission before seeking health care for herself
Sexual violence by an intimate partner <ul style="list-style-type: none"> a) Was physically forced to have sexual intercourse when she did not want to b) Had sexual intercourse when she did not want to because she was afraid of what partner might do c) Was forced to do something sexual that she found degrading or humiliating 	Physical violence in pregnancy <ul style="list-style-type: none"> a) Was slapped, hit, or beaten while pregnant b) Was punched or kicked in the abdomen while pregnant Physical violence since age 15 years by others (non-partners) <p>Since age 15 years someone other than partner beat or physically mistreated her</p>

⁴ Specific adaptations are discussed in Annex III.

Emotional abuse by an intimate partner a) Was insulted or made to feel bad about herself b) Was belittled or humiliated in front of other people c) Perpetrator had done things to scare or intimidate her on purpose e.g. by the way he looked at her; by yelling or smashing things d) Perpetrator had threatened to hurt someone she cared about	Sexual violence since age 15 years by others (non-partners) Since age 15 years someone other than partner forced her to have sex or to perform a sexual act when she did not want to Childhood sexual abuse (before age 15 years) Before age 15 years someone had touched her sexually or made her do something sexual that she did not want to do
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Reference periods

For each act of physical, sexual, and emotional abuse that the respondent confirmed she had experienced, she was asked whether it had ever happened at any time during her lifetime; whether it had happened in the past 12 months, and with what frequency (once, 2–5 times, or more than five times). The two reference periods were used to calculate “lifetime prevalence” and “current prevalence” of violence.

Both time periods are important and reveal different aspects of the problem. The lifetime prevalence of violence (or “ever experienced violence”) measures whether a certain type of violence has occurred in a woman’s life, even if it was only once. In this sense, it is cumulative and, as per definition, it would increase with age. It reveals how many women experienced violence at some time in their lives. This is especially important for advocacy and awareness raising efforts.

Prevalence in the 12 months preceding the survey (“current violence”) reflects types of violence occurring in the past 12 months. This is by definition lower than lifetime prevalence because it measures recent experiences of violence. The proportion experiencing violence in the past 12 months is important in efforts to understand the situation at one point in time: the present situation. This is significant for drafting intervention programs (e.g. how many women would currently need services). The 12-month period is also significant

for monitoring change to determine the impact of these programs.

Partnership definition

In this study, “ever-partnered” refers to women who have had a relationship with a man, whether it is in marriage or out of marriage, such as cohabiting, separated, divorced, or widowed.

Fieldworkers' selection and training

Female and male field staff were carefully screened and selected then trained over four weeks to build field staff confidence in order to collect information in a safe and sensitive way. Supervisors were selected at the end of training and engaged in an extra week-long workshop. Pilot testing in the field took place during the last week of the training on a peri-urban island of the capital atoll, Majuro.⁵ This location was not included in the final sample though it should be noted that the island had very high rates of violence with nearly three-quarters of the women interviewed experiencing physical violence.⁶ At the end of the training, 15 female field researchers and two male field editors were retained and distributed over four field teams. Each team had one supervisor and one field editor.

Ethical and safety considerations

The safety, both of the women who were being interviewed and of the interviewers, was of utmost importance and the ethical and safety recommendations developed by the WHO were used to guide the research.⁷ For example, a “safe name,” Family Health and Safety Study (FHSS), was used in the research to avoid revealing that the study was on domestic violence; it was explained as a survey on women’s health and life experiences. Only one woman per selected household could be interviewed and all interviews were conducted in private. In the case of the outer islands where safety measures such as cell-phone check-in were not possible, respondents were gathered at a central location (usually the health center or church) and from there taken to a private area for their one-on-one interview. Researchers had a responsibility to ensure that the research did not lead to participants suffering further harm and did not further traumatize participants.⁸ The nature of the survey design intends to ease potentially traumatic situations, not to exacerbate them. The survey begins with basic information, during which time the field researchers have the opportunity to build trust with the respondent. After questions relating to experiences with violence, the questions lead into discussion

⁵ Peri-urban is defined here as communities with access to better services (electricity, healthcare, regular transportation) (EPPSO).

⁶ These statistics were not included in the final sample as the pilot test was used to test the questionnaire and make final decisions on the field research team. Changes in the methods used may have affected the final results.

⁷ WHO. (2001). Putting women first: Ethical and safety recommendations for research on domestic violence against women. Geneva, World Health Organization (WHO/FCH/GWH/01.1).

⁸ In this report “participants” and “respondents” are used interchangeably.

on financial autonomy and self-reflection to bring closure to a difficult discussion. Furthermore, interviewers were trained to respect the respondents' decisions and choices. Information on existing support services (which, in the RMI, are minimal at best) was provided to each urban area respondent at the end of their interview. All women were assured that their stories would help families of the Marshall Islands.

Each field researcher signed a confidentiality agreement stating that they would not share details of interviews with any outside party. Field researchers assured participants that their stories would not be shared with anyone, not even the police, and that all interviews were coded so that names were not matched to responses.

To assure the safety of field researchers, every team member was given a cell phone or SIM card for use in their own telephone and was required to check in with their supervisor at the completion of each survey. Team members re-grouped at agreed upon times and no one worked after sunset. As discussed previously, on rural and remote islands, women were gathered in one location to ensure the safety of all researchers and respondents. If it was necessary to visit a home in the outer islands, one female and one male team member would accompany the researcher. It was decided that, to ensure the safety of field researchers and respondents, travel to sample sites should be by boat as the national airline is unreliable and could result in field staff stranded in outer islands, putting both staff and respondents at risk. A locally owned vessel, *Lady E*, was chosen based on its capacity to complete the proposed schedule in one trip with the least cost to the project and ability for staff to sleep and work on board. Crew from the *Lady E* also provided security, if requested, by team supervisors.

Qualitative component

Qualitative data were gathered through key stakeholder interviews, survivor reports, focus groups, and accounts gathered from field researchers. These methods were deemed sufficient based on previous baseline research projects.

Results

Violence against women by partners

All women who had ever had a partner were asked whether they had experienced specific acts of physical, sexual, and emotional violence by their husbands or partners. If a woman confirmed having been exposed to any of those acts, more detailed questions were asked about how frequently the acts had been committed. Two different periods were considered with regard to when those acts were committed: the 12 months preceding the interview ("current violence") and any period in their life ("lifetime experience of violence").

Ekakwikwi jinen emman is a Marshallese cultural attribute that implies that women are the mothers of all men and each man should take a stand when his mother (or any female relative) experiences violence. It is therefore overwhelming to see the following data regarding violence against women by intimate partners and others.

Physical violence by partners

Overall, 48% of ever-partnered women reported having experienced physical violence in their lifetime and 16% had experienced physical violence in the 12 months preceding the interview. Results for current physical violence by age of the respondent show that this type of violence starts early in a relationship, with 38% of respondents aged 15–24 having already experienced partner violence in their lifetimes. More than 60% of these experiences happened in the past 12 months. Older women have experienced high rates of lifetime violence (57% of women aged 45–49 versus 38% of women aged 15–24) and 12-month prevalence decreases with age (12% of women aged 45–49 versus 25% of women aged 15–24).

There is some variation between the urban areas (Majuro and Ebeye) and the outer islands. Most significantly, prevalence of women who experienced lifetime physical violence is higher on the outer islands than the urban centers but recent violence is higher in the urban areas. However, data from this study show a significant overlap of women experiencing multiple types of violence. Though instances of lifetime prevalence do decrease with increased education (56% of women with elementary education versus 43% of those with at least some college), education does not relieve a woman's experience with violence.

The majority of women who experienced injuries due to partner violence experienced injuries multiple times (3–5 times: 40%; >5 times: 46%). The majority of women who reported physical violence by a partner reported that it happened multiple times, with most reporting severe acts of violence, meaning they were hit with a fist, kicked, dragged, beaten up, choked, burnt, or had a weapon used against them. Of these women who had experienced physical abuse by a partner, 12% had lost consciousness due to injuries. However, more than 90% did not report their experiences. Of those who did (N=45), they did so because they were severely injured, their life had been threatened, or they simply could not endure the abuse.

Most of the ever-partnered respondents had been pregnant (N=860). Of these women, roughly 11% had experienced abuse while pregnant and 30% had been kicked or punched in the abdomen. Three-quarters of the cases of reported abuse while pregnant stated that the violence occurred at the hands of the child's father.

Sexual violence by partners

Of all ever-partnered women, 21% reported in interviews that they had experienced at least one act of sexual violence in their lifetime and 6% in the past 12 months. The experience of sexual partner violence does not differ significantly by geographical area or educational level of the respondent.

Emotional abuse and controlling behaviors by partners

As detailed in the full report, emotional abuse is often connected to other forms of abuse. Nearly half (48%) of ever-partnered respondents reported they had experienced emotional abuse in their lifetimes, while 22% had experienced emotional abuse within the past 12 months.

Shockingly, the majority of those experiencing emotional abuse disclosed that they were threatened with harm or that the partner threatened to harm a loved one (34%), or that they were intimidated (33%).

The study also measured a range of controlling behaviors by the partner. These are not included in the prevalence rates for emotional abuse, but it is important to note that many researchers see controlling behaviors as a risk factor for partner violence.

We found high levels of controlling behaviors in the study: 80% of ever-partnered women reported that they have experienced at least one type of controlling behavior. This includes 71% of partners who insisted on knowing where the woman was at all times; 48% of women needed to ask permission before seeking health care; 39% of women reported that her partner kept her from seeing her friends.

Combining physical, sexual, and emotional abuse by partners

In the RMI, physical and sexual violence by intimate partners overlap to quite a large extent. Nationwide, 20% of women reported partner sexual violence only and 48% of women reported that they were subjected to physical violence only, while 51% reported physical and/or sexual violence by their partner.

The prevalence rate for physical and/or sexual violence in the 12 months preceding the interview is staggering at nearly 20%.

In the RMI, it is seen that women experiencing violence are not experiencing only one type: 61% of respondents experienced physical, sexual, and emotional violence.

Economic abuse by partners

The study also examined the prevalence of economic abuse, which can be regarded as control over economic resources

in such a manner that one partner cannot benefit from the earned resources. More than one-quarter (27%) of women reported that their partner either took the money she had earned or saved and/or refused to give her money for the needs of the family.

Violence against women by non-partners

Traditionally, women grew up and stayed on their own land parcels even after marriage in order to ensure their safety, respect, and responsibility in this matrilineal society. Though this research does not imply that violence did not exist historically, Marshallese cultural attributes suggest that women in the past were more protected in their homes, both before and after partnership. Conversations with key stakeholders, namely traditional leaders and elders, revealed a belief that the changes began with missionary influence and were exacerbated by the U.S. nuclear testing program.

Physical violence by others against women since age 15

One-third (33%) of women in the RMI have experienced physical violence by a non-partner at least once since the age of 15. We use the term non-partner here to describe any person, male or female, who is not an intimate partner.

The prevalence rate was slightly higher in the outer islands (38%) compared to the urban areas (32%) with similar reporting across education levels, religions, and the assets index. Most women (nearly 22%) who reported physical violence by non-partners reported that this had happened a few times (2–5) and 17% reported injuries from the violence. In the majority of cases, perpetrators were mothers or stepmothers (19%), fathers or stepfathers (18%), and other female family members (6%).

Sexual violence by others against women since age 15

Approximately 13% of all women reported experiencing sexual violence since they were 15 years old, with a higher proportion reporting this in the urban areas (11%) than in the outer islands (8%). The majority of those reported that the act in question was forced intercourse.

Of those reporting sexual violence by non-partners since age 15, most alleged a single perpetrator with male family members and male acquaintances as the abuser. Roughly 1% of women reported sexual violence by female family members, including mother or stepmother.

Childhood sexual abuse before 15 years of age

Less than 5% of women reported that they experienced childhood sexual abuse. However, when given the face card at

the end of the interview, an additional 5% disclosed childhood sexual abuse.

Comparing partner and non-partner violence

Overall, an astonishing 69% of women in the RMI have experienced physical or sexual violence in their lives by someone, partner or non-partner.

Women's attitudes and perceptions

Women's attitudes towards gender roles

Though the Marshall Islands is a matrilineal society, the majority of those surveyed refer to the man as the head of household. This is echoed later in the survey with data showing 48% of women believe that a woman must obey her husband and 49% believe that the man should show he is the boss. Nearly 40% of women believe they are obliged to have sex with their husbands and as one woman from a focus group stated, the man has the right to force sex with a woman if they are married.

These attitudes are similar in outer islands and urban areas with slight decreases in agreement with the younger age groups. This mindset changes significantly with increased education (55% agreement for those with elementary education versus 35% for those with at least some college) but still exists in a considerable number of women.

Women's attitudes around justifications for a man to beat his wife

Women were asked if it was justified for a man to beat his wife in a number of circumstances. The proportion agreeing that it was justified to beat a wife differed widely depending on the circumstances given. As many as 75% of all respondents agreed with the statement that a husband could beat his wife if she was unfaithful, 65% agreed that a man could beat his wife if she didn't complete the housework, while the lowest proportion (38%) agreed with the statement that a man could beat his wife if she refused sex.

Women's attitudes around reasons for a wife to refuse sex with her husband

While many women agreed that they had a right to be beaten (seen often by focus group participants as 'discipline' or 'teaching'), most believed they had a right to refuse sex, though only on certain occasions. Women were asked if they believed that a woman has the right to refuse sex with her husband in a number of situations: if she does not want to; if her husband is drunk; if she is sick; and if he mistreats her. A majority agreed that if she is sick she can refuse sex (82%), or if the husband mistreats her (80%). Fewer women believe they have a right to refuse sex if they do not want to (57%).

These statistics are similar throughout age groups, educational levels, and socioeconomic status and lead the research team to posit that women are unaware of their rights within a relationship and their human rights in general.

Women's perceptions of causes of violence

The results of focus groups confirm survey data regarding the perception among women that the domestic violence they experience is caused by:

- Not loving the partner
- Partners not respecting each other
- Extra-marital affairs (both men and women)
- Alcohol
- Weakened family structure
- Weakened community structure
- Loss of culture (manit)
- Lack of respect
- Jealousy
- Distrust

Partner violence and women's health

Injuries due to violence

The majority of women suffering from physical violence experienced severe violence in their lifetimes (38%) versus moderate violence (11%). Twenty-one percent of women reported injuries as a result of abuse. The most common injuries reported by those suffering from injuries were scratches, abrasions, and bruises (72%); cuts, punctures, bites (47%); broken eardrum, eye injuries (34%); burns (19%); and broken teeth (18%). Nearly half (46%) of those reporting injuries suffered injuries more than 5 times.

Associations between physical or sexual violence and health outcomes

All women in the survey answered a number of questions on their general, mental, and reproductive health. In the analysis, the health of women who had ever experienced physical and/or sexual partner violence was compared with that of those who had never experienced it. Women who had experienced partner violence were more likely to report poor health. They also were more likely to have had recent problems with walking and carrying out daily activities, pain, memory loss, emotional distress (as measured by a score on a self-reported questionnaire of 20 questions, SRQ20), and suicidal thoughts.

Women's self-reporting of their health shows that 35% of

women report that their experiences with partner violence affect their health and well-being 'a lot.'

Similar differences were found for reproductive health. In particular, miscarriages were more likely to be reported by women who experienced violence compared to women who did not disclose violence by their partner.

Furthermore, 94% of women report that their partners did not approve of condom use, putting women at risk for serious consequences such as hepatitis, HIV/AIDs, other STIs, and mis-timed pregnancies.

Impact on children, cycle of violence

Partner violence and children's well-being

Women who had children aged between 5 and 12 years old and who had experienced partner violence were only slightly more likely to report that these children had behavioral problems (such as nightmares [28% with no violence reported versus 32% reporting], bedwetting [21% with no violence reported versus 22% reporting], but more statistically significant is that the child is quiet or withdrawn [19% with no violence reported versus 27% reporting – p-value=0.078]). This may show that there is actually more violence occurring in the homes than reported or that there are other factors present in homes that affect children's behavior.

The cycle of violence

Most women (63%) stated that their children had never witnessed violence while roughly 30% report that children have witnessed domestic violence once, several, or many times. These figures may be understated, given the high number of women experiencing partner violence and the residence of most Marshallese families in extended units, often with multiple members in one dwelling.

Women's coping strategies

More than 90% of women who reported violence held their stories secret and did not report partner violence to anyone. For many participants, their first disclosure was to the FHSS field researcher. If a woman did report violence, it was to friends (20%), her parents (15%) or siblings (12%). Only 1% of women who experienced physical or sexual violence sought help from police and less than 1% sought help from a doctor or health worker.

Approximately one-third of the abused women left home for at least one night. Those who left home stayed away, on average, for about two weeks. Women usually returned home because they were asked to do so by the husband or family, as well as for other family reasons.

Conclusions

When the results of this national research on domestic violence against women are examined, the most striking findings are:

- The majority of women in the RMI have experienced physical and/or sexual violence by a partner or non-partner, with more than half of women reporting that violence to be by a partner.
- There is significant overlap in the types of violence that women have experienced; if she is experiencing violence, it is usually more than one type.
- Education does not relieve a woman's experience with violence.
- Many women feel that violence is a justified or acceptable punishment for wrong-doing.
- The majority of women do not report their experiences with violence.
- Very few respondents use condoms, which puts them at high risk for STIs and mistimed pregnancies.
- Though many statistics are similar for urban and outer islands, the support resources available to women on outer islands are almost non-existent, and complicated by often limited travel opportunities to the urban centers.
- Non-partner violence is most often at the hands of close family members.
- Violence against women during the lifecycle shows variations among subcategories, such as age, education, and region, but no category is spared: women are being abused in all levels of Marshallese society.

Two previous studies on VAW have been completed in the RMI but neither has been able to give a complete picture as in this FHSS. The data reveal a somber situation including intimidation, threats, controlling behavior, and acts of physical, sexual, emotional, and economic violence to women by the person who should be closest to her – her husband. And for most women, the violence in her marriage was not her first experience with violence. Prior to marriage, many women already came from situations of repeated physical violence committed by others whom they trusted – mothers, fathers, family members, and friends.

In most societies in the world, violence against women and children is now recognized as an abuse of their human rights,⁹ and a practice that governments and civil society are taking

⁹ World Health Organization (Producer). (2012, 7 August 2013). Violence against women. Fact Sheet No 239.

action to end. In a matrilineal society, it is distressing to know that our mothers are experiencing such abuse.

As seen in the UNICEF Child Protection Baseline Research, declining family values that once protected women and children have given way to increased violence and fear. Nevertheless, certain programs based on traditional Marshallese customs and values that have been researched and proven successful (USP's Jaki-ed, WUTMI's iBRAVE, Juren Ae, WAM, Jitok Kapeel, Youth to Youth in Health) provide a number of useful entry points for campaigns and programs, and should be used as leverage in strategies to prevent and respond to violence. This study points towards important traditional values, such as mutual respect and reciprocity, that would support women and families, and that could be promoted and utilized in the strategies to fight violence against women and children and to promote gender equality and women empowerment.

Recommendations

There is no 'one-size-fits-all' strategy for addressing VAW. It is therefore important to tailor interventions to the needs of women and families in different settings with particular attention to short-, medium-, and long-term outcomes of interventions.¹⁰ Contextualized interventions and strong partnership between traditional leaders and the civil sector can set the foundation for sustainable programming. Additionally, research is an invaluable tool "to build a body of evidence required for a comprehensive long-term response."¹¹ As discussed in Chapter 12, research is also seen as a valuable intervention, particularly in resource-poor countries like the RMI. It is recommended that a comparative analysis of the recent RMI/UNICEF Child Protection Baseline Research (CPBR) and FHSS be completed with attention to youth quintiles, along with a survey of positive working models of VAW response in the Pacific. Research will aid in the development of contextualized curricula and an evaluation framework with adaptable methodologies for a given geographical area or relevant organization. Every sector of society must be accessed to ensure a holistic response to VAW, and the RMI National Strategic Plan provides the groundwork for successful implementation of interventions.

The following are a summary of recommendations further discussed in the main report:

- Consult with the Council of Iroij for insight into traditional pathways for strengthening families
- Ask traditional leaders for assistance in promoting traditional family attributes
- Conduct progressive training programs with current and next-generation traditional leaders
- Encourage each community to enact Community Protection Plans to include community workers
- Construct communally-built women's huts and safe houses on each island or atoll
- Conduct grass-roots primary prevention workshops, in multiple languages
- Have the Public Service Commission mandates include an offenders' registry, gender awareness workshops, and creation of new positions for Community Workers and Social Workers
- Upgrade the Ministry of Justice reporting database, increase the number of female officers, establish a family support unit for the outer islands, and enhance training provisions for judges
- Improve Ministry of Health mental health and counselling programs, and designated safe rooms for women and children; endorse first-response protocols; improve data collection for the reporting mechanism
- Have the Ministry of Education develop life skills and primary prevention curricula, require all teachers and administrators to participate in a course regarding VAW and child abuse, initiate more non-formal and informal training opportunities to address school leavers
- Extend government mandates to include formal endorsement of the RMI Gender Policy, core funding for NGOs working toward violence prevention, creation of a Ministry of Women and Family Affairs, a National Research Board, and a national human rights mechanism as a stand-alone institution
- Conduct parallel analysis of FHSS, CPBR, and the recently completed Preventing Adolescent Pregnancy (PAP) study
- Conduct an International Men and Gender Equality Survey (IMAGES)

¹⁰ Kilonzo, N., Dartnall, E. and Obbayi M. (2013). Briefing paper: Policy and practice requirements to scale sexual violence services in low resource settings. LVCT and SVRI. LVCT, Nairobi, Kenya.

¹¹ *ibid.*

1. Introduction

1.1. Violence against women

Without exception, violence against women (VAW) is a global phenomenon that crosses cultural, geographic, religious, social and economic boundaries. This includes the Pacific Islands. As a violation of human rights, VAW deprives women of their right to take part fully in social and economic life. Furthermore, it underpins many physical and mental health problems, and in some instances causes loss of life.¹² The impact of violence is visible not only on the health and lives among women who experience violence, but also on their children, families and society as a whole.

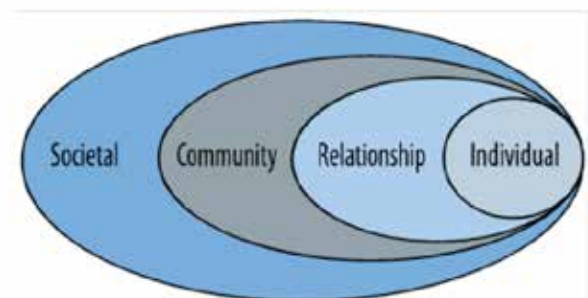
International research reveals that VAW is most prevalent in a woman's immediate social setting. In a considerable proportion of VAW cases, perpetrators are the husband or intimate partner and/or other family members.¹³

In The Declaration on the Elimination of Violence against Women adopted by the United Nations (UN) General Assembly in 1993, violence against women is defined as *"any act of gender-based violence that results in, or is likely to result in physical, sexual or psychological harm or suffering to women, including threats of such acts, coercion or arbitrary deprivation of liberty, whether occurring in public or private life"*.¹⁴

VAW is both a cause and effect of women's unequal status in society. Its serious consequences on women's health and wellbeing and on that of their families and community compel us to take action. The violence that women and girls experience is typically concealed inside the home, at the hands of intimate partners and family members, and is therefore difficult to recognize and document and even harder to prevent.

Violence against women is commonly linked to a web of attitudinal, structural and systemic inequalities that are "gender based" because they are associated with women's subordinate position in relation to men's in society.¹⁵

Figure 1.1. Ecological model of factors associated with partner violence



There is consensus that no single cause adequately accounts for domestic and partner violence against women.¹⁶ To understand the interplay of factors that combine to cause partner violence, researchers commonly use an ecological framework in which risk factors at individual, relationship, community and societal levels are represented as nested circles, as presented in Figure 1.1.¹⁷ The individual level includes biological or personal aspects that could influence the behavior of individuals, affecting the possibility of committing or experiencing violence (e.g. age, educational level, income, and substance abuse). The relationship level looks at how relationships with family, friends and peers increase the risk of being a victim or perpetrator of violence. At the community level, risk factors may be population density, high levels of unemployment, crime, and lack of social support, together with male peer groups that condone and legitimize men's violence and women's peer groups that normalize violence.

¹² World Health Organization (Producer). (2012, 7 August 2013). Violence against women. Fact Sheet No 239. Retrieved from <http://www.who.int/mediacentre/factsheets/fs239/en/>.

¹³ EG Krug et al., (eds). (2002). World Report on Violence and Health. Geneva, World Health Organization.

¹⁴ United Nations. (1993). Declaration on the Elimination of Violence against Women. United Nations General Assembly Resolution, document A/RES/48/104. New York, NY.

¹⁵ G Krantz and C Garcia-Moreno. (2005). Violence against women. Journal of Epidemiology and Community Health, 59(10): 818–821.

¹⁶ LL Heise. (2011). What works to prevent partner violence: an evidence overview. London: Strive.

¹⁷ L Heise, M Ellsberg, M Gottemoeller. (1999). Ending violence against women. Population Report, 27:1–43.

Finally, the societal level refers to causal factors related to the social structure, laws, policies, cultural norms and attitudes that reinforce violence against women in society.

A lack of understanding of the magnitude of the problem, its causes and consequences, or whether these characteristics are similar or different across cultures and countries, including in the Pacific region, hinders the development of efforts to address it.

Since the 1990s, domestic violence has entered the international agenda with sustained efforts of women's movements and international organizations that are active on women's issues. The number of surveys and studies conducted on violence against women has increased steadily, especially in the last decade of the 20th century. A significant amount of information has accumulated both on the prevalence and on the risk factors and consequences of violence against women. In its *WHO Multi-country Study on Women's Health and Domestic Violence against Women*, WHO collected data from over 24,000 women in 10 countries representing diverse cultural, geographical, and urban and rural settings including: Bangladesh, Brazil, Ethiopia, Japan, Peru, Namibia, Samoa, Serbia and Montenegro, Thailand, and the United Republic of Tanzania.¹⁸

Development of the methodology for the WHO Multi-country Study began in 1997 to remedy the lack of reliable and comparable data on VAW, its consequences and root causes. This was one of the first studies to research domestic violence across countries from a public health and gender sensitive perspective. The methodology, combining qualitative and quantitative research methodologies, ensures reliable results that are comparable across countries. It further

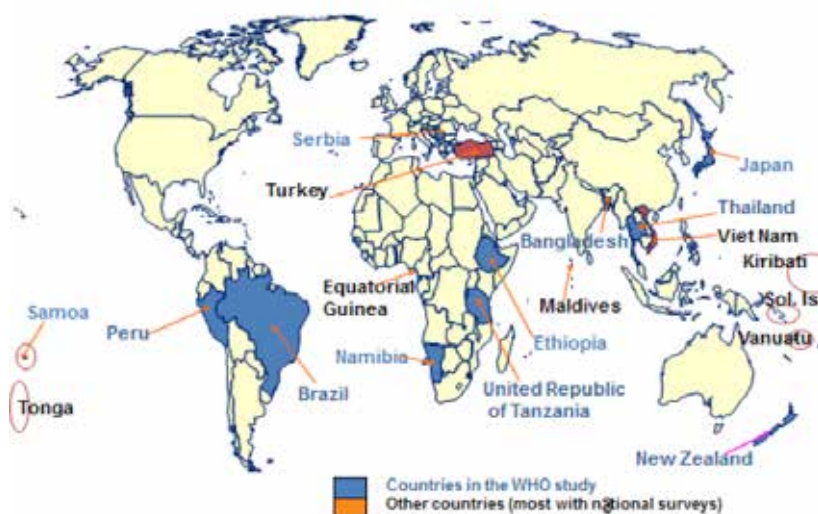
adheres to specific ethical and safety standards, developed for research on VAW,¹⁹ including giving great importance to training and involvement of researchers and interviewers, as well as support for field staff and respondents who need it. Furthermore, it encourages the engagement of a range of actors in the research process to facilitate use of results, leading to policy change and intervention. The standardized questionnaire is well tested and validated for use in many different settings and can be used with minimal adaptation in most settings.

The actual implementation of the WHO Multi-country Study took place between 2000 and 2005. The methodology has become an international standard and example of best practice for research on VAW and is now widely replicated around the world (outside the context of the Multi-country Study) in order to get internationally comparable data. Figure 1.2 shows a number of the countries where the method has been used.

The WHO study showed that the reported prevalence of physical or sexual partner violence against women over their lifetime varied from 15% to 71% and that this was generally between 30% and 60% in many research regions.

In the past decade, WHO VAW survey methodology has been used in national investigations in countries in the Pacific region. One of the first studies of VAW in the region allowing for international comparison was the Samoa Family Health and Safety Study (SFHSS), which formed part of a UNFPA-supported multi-country study, co-funded by New Zealand and implemented in 2000 by the Secretariat of the Pacific Community (SPC) with the technical support of the World Health Organization.²⁰

Figure 1.2. Countries where the WHO multi-country study methodology has been used



¹⁸ C Garcia-Moreno, HAFM Jansen, et al. (2005). *WHO Multi-country Study on Women's Health and Domestic Violence against Women. Initial results on prevalence, health outcomes and women's responses*. Geneva, World Health Organization.

¹⁹ World Health Organization. (2001). *Putting women first: ethical and safety considerations for research on domestic violence against women*. Geneva, Switzerland: World Health Organization.

²⁰ Secretariat of the Pacific Community, United Nations Population Fund, and Government of Samoa. (2007). *The Samoa Family Health and Safety Study*.

More recently, in 2008, similar studies have been done in Solomon Islands and Kiribati, as part of the project *Socio-cultural Research on Gender based Violence and Child Abuse in Melanesia and Micronesia*.^{21, 22, 23} These three studies, which used the same research methodology, were designed to estimate the prevalence of VAW and to identify country-specific risk factors and consequences of violence to enable the development of appropriate policies and programs for response and intervention.

Besides these three studies conducted in the context of UNFPA projects, the same methodology was used in 2009. In Vanuatu, the research was implemented by the Vanuatu Women's Centre in partnership with the National Statistics Office.²⁴ In Fiji, it was implemented by the Fiji Women's Crisis Centre and in Tonga by the NGO *Ma'a Fafine mo e Famili Inc.*

The six countries in the Pacific that have conducted a survey on VAW all employed the methodology that was developed for the *WHO Multi-country Study on Women's Health and Domestic Violence* (though only Samoa was effectively part of this WHO study). This is an enormous advantage of these studies; the use of a standard questionnaire and methodology ensures comparability of data between settings and the use of a validated and well tested methodology enhances credibility.

Along with the RMI, four other Pacific countries are engaged in VAW studies based on the *WHO Multi-country Study on Women's Health and Domestic Violence*: Palau, Cook Islands, Nauru, and the Federated States of Micronesia (FSM).

1.2. Women United Together Marshall Islands (WUTMI)

As Implementing Partner (IP) with UNFPA, the Ministry of Internal Affairs (MoIA) contracted Women United Together Marshall Islands (WUTMI) to oversee the FHSS because of their successful project record.

As an umbrella organization for individual women's clubs throughout the Marshall Islands, WUTMI boasts a membership of over 900 women in 22 local chapters. It was established in 1987 and re-vitalized in 2000, and is chartered by the Government of the Republic of the Marshall Islands to operate as a non-governmental, not-for-profit organization.

In serving as the voice of women in the Marshall Islands, WUTMI's primary goal is to support and strengthen Marshallese women, and in so doing, to strengthen Marshallese families. WUTMI seeks to promote and provide activities that preserve

and strengthen the values of traditional Marshallese culture as well as addressing the realities of modern life in the islands. The current area of focus is to prepare the younger generation to assume their role in society as healthy mothers, educators, health professionals, leaders and businesswomen. WUTMI seeks resources for empowerment, life skills development, for research into areas such as gender-based violence (GBV) and child abuse, and for training in areas of the greatest need.

WUTMI's **mission** is to serve as "the voice of Marshallese women, for the empowerment and advancement of women, through protection of cultural knowledge and human rights and safeguarding our island environment and inherent resources." Four on-going goals are:

Goal 1: Strengthen Knowledge and Practice of *Mantin Majol*, Indigenous and Natural Resources

Goal 2: Promote Capacity Building and Sustainable Development

Goal 3: Advance Good Governance and Human Rights

Goal 4: Strengthen the voice of women through a structurally stronger WUTMI Organization.

As a grassroots organization, WUTMI carries out various projects by networking and reaching out to individual women's organizations throughout the 22 major atoll communities in the Republic. WUTMI was formed in order to strengthen the female voice in the Marshall Islands by joining together women from across the country under one united organization with common goals.

Since 2000, WUTMI has successfully carried-out more than twenty projects, some of which are still on-going. All projects were/are funded by grants secured from outside donors, as WUTMI receives minimal regular funding from the Marshallese government. Through these projects countless women have been served and major challenges faced by Marshallese women have been addressed. WUTMI takes on various projects to tackle social, health and environmental issues such as parenting skills, gender-based violence, HIV, STIs and TB, substance abuse, climate change, disaster risk management, and sustainable livelihoods:

- Women Against Violence through Education – US funded (2002–2006)
- Healthy Information Project (2003–2006) – US funded
- Substance Abuse and Prevention Training (2003–2005) – US funded

²¹ Secretariat of the Pacific Community, for Ministry of Women, Youth and Children's Affairs. Solomon Islands Family Health and Safety Study: A study on violence against women and children, (2009).

²² Government of the Republic of Kiribati. (2010). Kiribati Family Health and Support Study: A study on violence against women and children.

²³ HAFM Jansen. (2010). Swimming against the Tide: Lessons Learned from Field Research on Violence Against Women in Solomon Islands and Kiribati. UNFPA.

²⁴ Vanuatu Women's Centre, Vanuatu National Statistics Office. (2011). The Vanuatu National Survey on Women's Lives and Family Relationships.

- Protection of Women/Enhancing Human Rights (2006–2007) – DFAT funded
- Sea Turtle Genetic Sampling, Data Collection, and Satellite Tagging Project in the Marshall Islands (2006–2009) – US/University of Hawaii funded
- Parents as Teachers/Early Childhood Parents Education (2003–present) – US and NZAID funded
- Sustainable Livelihood Project (2005–present) – UNDP funded
- UNIFEM Voter Education (2005–2007) – UNIFEM NZ and UNIFEM Pacific
- Awareness on Conservation and Preservation of Environment (2005–present)
- Capacity Building Project (2009) – DFAT SGS
- Outer Island Radio and Recording Project (2009) – DFAT DAP
- Substance Abuse and Prevention (2009–present) – US funded
- Gender Equality in Leadership (2009–present) – New Zealand/UN Pacific funded
- Violence Against Women (2009–2011) – Iceland Government funded
- Bob Festival 2010 – DFAT DAP
- Initiative for a Better Response to Address Violence Everywhere (iBRAVE) (2010–2013) – UN Trust Fund to End Violence Against Women
- Women in Leadership Media Campaign (2010–2011) – East Asia–Pacific Public Diplomacy grant (US)
- Millennium Development Goals project (2010) – UNDP
- WUTMI FM 105.1 Radio Station (2010–present) – Canada Fund
- Bob Festival 2011 – DFAT DAP
- AI in Ninnin (Lullabies) project (2011–present) – UNESCO
- HIV/STIs project (2012) – SPC
- Climate Adaptation, Disaster Risk Reduction and Education (CADRE) (2014) – funded by International Office for Migration (IOM)
- Arno Development of Methods for In-kind Reimbursement for Electricity (ADMIRE) (2014) – UNDP
- Ekutok Maroro (Coastal Management and beautification) (2013–2014) – The Nature Conservancy
- Secretariat for the National Advisory Committee for HIV, STIs, and TB (2013–2017) – Centers for Disease Control (CDC)
- Family Health and Safety Study (2012–2014) – UNFPA

In 2002, WUTMI completed a CDC-funded “Women Against Violence through Education” (WAVE) project some of whose findings foreshadowed subsequent findings of both

high domestic violence rates in the country (29% in urban areas; 27% in rural areas), and of the majority of women’s disinclination to tell anyone about the abuse experienced (51.9%). WUTMI has also learned that women are now ready to talk to someone about the abuse.

WUTMI has already begun to break down the “wall of silence” around the issue of domestic violence in the Marshall Islands. In 2006, WUTMI completed a Legislative Compliance Review, in accordance with CEDAW, that found the RMI lacking in response to domestic violence. In 2007, as part of the Protection of Women/Enhancing Human Rights (POWEHR) project, WUTMI worked with the previous administration in the Marshall Islands to educate the government about the need to amend the RMI Criminal Code to comply with CEDAW.

The Protecting Our Women Enhancing Human Rights (POWEHR) project advocated for a specific domestic violence bill, which was not achieved, in part because legislators lacked adequate knowledge about CEDAW/CRC. Since the completion of the POWEHR project, WUTMI has gained the support of important stakeholders, such as the Ministry of Justice, the Department of Public Safety and the Ministry of Health, which have pledged to be part of an ongoing collaborative effort to address the issue of domestic violence in the Marshall Islands. In 2009, WUTMI received funding to expand the domestic violence awareness campaign that was started during the POWEHR project to include other accessible and highly populated atolls.

iBRAVE is a three-year project to educate the general public, national government and first responders about the issue of domestic violence. The strong cultural reluctance to discuss domestic violence in the public arena makes the first component of the *iBRAVE* project (awareness and education through a multi-media campaign) essential to sustaining gains beyond the term of the project. By increasing awareness across all sectors about the personal, social, and economic costs related to domestic violence, WUTMI has gained the support needed to accomplish the project goals. *iBRAVE* is the first comprehensive effort in the RMI to develop national laws, policies and plans of action to end domestic violence.

In 2007, WUTMI promoted the Nitijela’s establishment of a Resources Development Committee (RDC) on CEDAW/CRC, to improve coordination among stakeholders and serve as a consultative forum, especially with respect to legislative reform and policy development. This committee comprises representatives from the Office of the Secretary of key government ministries, staff from the Women in Development Office (which is within the Ministry of Internal Affairs), representatives from WUTMI and Youth to Youth in Health, which is a non-government organization for young people. The Secretary of Internal Affairs serves as the Chairman of the RDC. The members of the RDC will develop measures

and policies to implement CEDAW/CRC, including legislative reform; establish relevant mechanisms and mainstream the rights of women and children into sectoral strategies; and advocate for sufficient human and financial resources to carry out the above.

More recently, WUTMI is known for their pressure on the RMI government to pass a 'domestic violence bill' in accordance with CEDAW. The Domestic Violence Prevention and Protection Act (DVPPA), PL 93-2011, was passed in September 2011 and WUTMI has been working closely with the Ministry of Internal Affairs to ensure implementation of the legislation by the key stakeholders. WUTMI has collaborated with the Public Safety Department and the Ministry of Health on the drafting and endorsement of first-response protocols so that domestic violence and violence against women are properly addressed.

1.3. Marshall Islands: geographic and demographic context

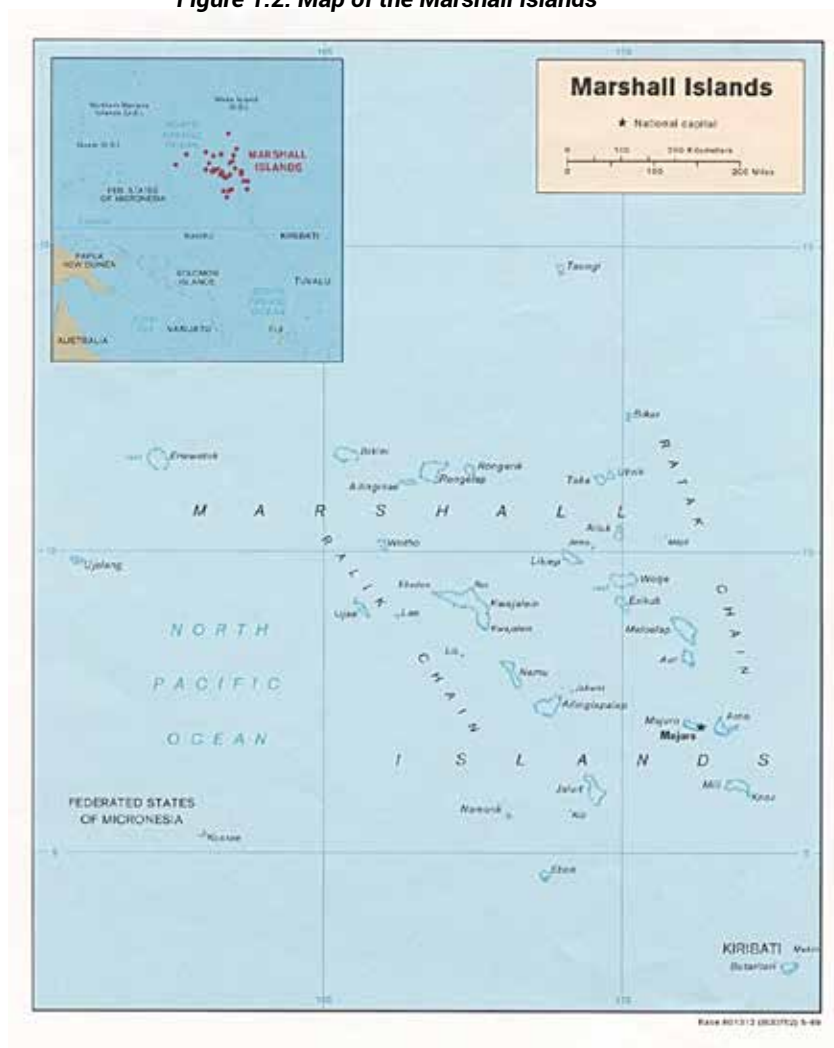
The Republic of the Marshall Islands, known historically as *Aelon Kein Ad*, or Our Islands, is located in the Northern

Pacific and comprises 29 atolls and 5 islands, 26 of which are inhabited. It has a total land area of about 70 square miles spread over 750,000 square miles of ocean. The country is geographically divided into two island chains: *Ratak*, in the east and *Ralik* to the west. (Figure 1.3).

Nearly 53,000 people were counted in the 2011 census, with about 75% of the population living on the urban centers of Majuro and Ebeye. Increasing urbanization on the capital, Majuro, and the other major urban center, Ebeye, has an impact on the social dynamics of the community, exacerbating social problems and putting environmental pressure on the limited land area of the islands.

With roughly 40% of the population in the 0–14 age group²⁶ and more than 20% of the population between the ages of 15–24, the Marshall Islands has the highest youth population in the Pacific.²⁷ Basic education in the Marshall Islands is free and compulsory between the ages of 5–18, yet only 17% of the population has completed high school or a high school equivalency program, while only 12% have completed some college or higher education.²⁸

Figure 1.2. Map of the Marshall Islands



²⁶ RMI Census, 2011.

²⁷ R Curtin, (2011). The state of Pacific youth, 2011: Opportunities and obstacles. United Nations Children's Fund (UNICEF Pacific). Secretariat of the Pacific Community.

²⁸ RMI Census, 2011.

Marshallese and English are the official languages though most government business is conducted in English. The Marshallese government is a democratic system based on both United States and British systems, wherein the people elect their senators to the *Nitijela* (parliament) who then collectively elect the president. Since *Aelon Kein Ad* became known as the Republic of the Marshall Islands in 1979, there has only been one woman sitting senator at any given time. Previous female senators²⁹ are Evelyn Konou (Jaluit), Abacca Anjain-Maddison (Rongelap), and Amenta Matthew (Utrik). Among the current 33 senators, the sole female, Dr. Hilda C. Heine, represents Aur Atoll and presently sits as Minister of Education. Only three women currently take leadership roles in the Council of Chiefs.

Like most Small Island States (SISs), the Republic of the Marshall Islands has been subjected to varied colonial influence. Germany annexed the islands in 1885 and profited handsomely from the copra trade until World War I, when the Japanese took control of this strategic Pacific theater in 1914.³⁰ After many bloody battles in the Pacific Theater during World War II (including those at Wotje, Jaluit, Maloelap, Mili, Kwajalein, and Enewetak), the Japanese surrendered control of Micronesia to the United States, who later came to administer the islands in a trusteeship known as the Trust Territory (TT) of the Pacific Islands.³¹

It was during the TT times that the United States established the Pacific Proving Grounds for atmospheric nuclear weapons testing. In all, 42 bombs were detonated on Enewetak Atoll and 25 on Bikini Atoll. This testing period caused the exile of many islanders, leaving many domestic refugees even today. Some have argued that the bomb testing initiated what is now a prolonged humanitarian crisis.

1.4. Marshallese society, family and kinship relations

Marshallese culture was traditionally known to be so interwoven that it is said all Marshallese descend from *juon wot neded*³² (one single woman's clothing mat) which illustrates the close connection between families. Marshallese belong to a *jowi* (clan) and within the smaller kin group there is a *bwij* (bloodline), both of which are passed on through the mother.

In the past, women were protected in their families, particularly by their brothers and uncles, and stayed on their own land after marriage. Gender attributes such as *iep jeltok*³³ and *iep jellok*³⁴ bring to mind the qualities a young girl or boy would need to fill their baskets (*iep*) for their adult responsibilities. Since these islands belong to women, the attribute *ekakwikwi jinen emman* is representative of women as the mother of all men and that men must stand to defend their mothers. In light of these and many other cultural attributes, it is distressing that violence is so prevalent in the Marshall Islands. While further study is needed on the link between declining cultural values and increasing levels of violence, the data support an idea that effects of colonization have in fact disrupted gender balance, as seen in other indigenous communities.³⁵

1.5. What is known on violence against women in the RMI?

For many years considerable work on domestic violence has been carried out by several activists and NGOs in the RMI. Nevertheless, domestic violence is still often regarded as a family problem caused only by excessive drinking. Though the RMI ratified CEDAW in 2006, legislation relating to domestic violence was not signed into law until 2011.

This section gives an overview of all existing documentation relating to violence against women in the RMI.

1. Articles and Reports on VAW, laws concerning VAW and abuse in the RMI

- a) **Family Health and Safety Study (2014).** The Ministry of Internal Affairs launched this study in 2012, with assistance from WUTMI and funded by DFAT, using the WHO Multi-country Study methodology. This report presents the results of this UNFPA-supported project, the most comprehensive study to date in the RMI.
- b) **Demographic and Health Survey (2007).** A population and reproductive health survey, this demographic and health study was conducted by EPPSO. Although it was loosely based on the WHO Multi-country Study, significant modifications were made to training and questioning procedures. The DHS produced the first significantly sampled RMI VAW study, finding 23% of women experiencing violence, compared to 69% from the FHSS.

²⁹ Carmen Bigler (Majuro) was the only female to represent Aelon Kein Ad in the Congress of Micronesia during the Trust Territory period.

³⁰ FX Hezel. (1995). *Strangers in their own land: A century of colonial rule in the Caroline and Marshall Islands*. Honolulu: University of Hawai'i Press.

³¹ *ibid*.

³² USP supported ethnographic research on weaving circles (forthcoming).

³³ Used for girls, to indicate that they will stay with their family.

³⁴ Used for boys, to indicate that they will go to the home of their wife's family.

³⁵ W Stevenson. (2011). "Colonialism and First Nation Women in Canada." In *Racism, Colonialism and Indigeneity in Canada: A Reader*, edited by MJ Cannon and L Sunseri. Oxford: Oxford University Press.

- c) **RMI National Plan of Action for VAW (2003).** The overall objective of the *RMI National Plan of Action for VAW* is to establish an effective VAW-responsive system. In order to accomplish this objective, the plan addresses five areas: (i) Problem Statement, (ii) Planning, (iii) Policy Development, (iv) Program Development, (v) Project Development.
- d) **"The Judicial Response to Gender Based Violence in the RMI under the Domestic Violence Protection and Prevention Act, 2011"** *Pacific Regional Consultation for Judges on Human Rights and Contemporary Pacific Issues, 3–5 June 2013, Brisbane, Australia*, by Judge James H. Plasmin. Judge Plasmin discusses the judicial response to VAW since the passing of PL2011-14 (DVPPA) and the 'tipping point' in community response to family violence with the case of *RMI v. Makroro in 2010*.
- e) **PL2011-14 Domestic Violence Protection and Prevention Act (DVPPA).** This Act is the first law in the RMI specifically to list harms due to domestic violence. It was passed in 2011 in accordance with the tenets of CEDAW. At present, most reported DV cases are being filed under the RMI Criminal Code, as DVPPA penalties are weak.
- f) **RMI Beijing + 20 Report (2014 Draft).** This Beijing + 20 report is currently being prepared to address the accomplishments and challenges faced by women in the RMI since the Beijing Platform twenty years ago. Most striking in the report is that the RMI's current station in the Gender-related Development Index (GDI) was .708 in 2008, putting the country at number 8 of 14 Pacific Island Nations in terms of gender mainstreaming. Also, the RMI is in crisis, with the highest teen pregnancy rates in the Pacific and the second highest youth population in the world.
- g) **Pacific Leaders Gender Equality Declaration (Draft).** This declaration was initiated by Pacific leaders at the Pacific Islands Forum in 2012 in Rarotonga, Cook Islands. The 2014 draft report lists 15 police reports on DV and no statistics on the number of women accessing support services for victims (12 sought services in 2013, only 1 in 2012).

2. Policy Statements or Plans relating to VAW from Government sources

- a) **National Policy on Gender and Development (2013) DRAFT.** This new policy links to the Marshall Islands Strategic Plan "Vision 2018" to promote resilience and

sustainability and mainstreaming of policy and women's human rights. The NGP outlines priorities, establishes mechanisms for monitoring and reporting, aligns national plans, engages men as advocates, and ensures continuity of custom.

- b) **Commission on the Status of Women.** Both the Ministry of Internal Affairs and WUTMI were present at the recent CSW, where the Ministry presented their statement on the issues faced by women in the Marshall Islands, including high prevalence of violence, effects of nuclear testing, and climate change.
- c) **Marshall Islands Criminal Code.** Though the MICC does not specifically address domestic violence, it does penalize acts of physical and sexual violence such as rape (marital and otherwise, incest, and statutory), and in 2011 the MICC was revised to include harassment and stalking.

3. Human Rights Monitoring and Reporting

The RMI ratified CEDAW in 2003 but has not yet submitted a report to the UN. Currently, a UN volunteer is working with Ministry of Internal Affairs staff to create the report: the RMI is preparing reports for the upcoming Universal Periodic Reporting (UPR).

1.6. Concluding remarks

The people of the Marshall Islands have experienced their share of human rights abuses from colonization, to occupation and war, to the societal and environmental fallout of nuclear testing, and the current impacts of climate change. Indeed, a country spanning such a vast area of ocean faces difficulties in providing services to its citizens; however, strong cultural ties literally weave communities together. It is imperative to strengthen those fibers in order to address the devastating effects of violence against women.

The 2013 MDG Tracking Report confirms high teen pregnancy rates, which at 21% are the highest in the Pacific. The data in this report show high numbers of unwanted or mis-timed pregnancies and high prevalence of intergenerational violence, along with declining practice of Marshallese customs and traditional safety nets, putting the younger generation and the nation as a whole in a very precarious position.

2. Research objectives and methodology

2.1. Objectives and organization of the study

The National Study on Domestic Violence against Women in the Republic of the Marshall Islands consisted of two separate components: a quantitative study based on the WHO Multi-Country Study on Women's Health and Domestic Violence against Women as well as a qualitative study conducted with focus groups and key informant interviews. The purpose of using qualitative and quantitative components was to complement each other.

The **survey (quantitative component)** provides data that enable:

- (1) An estimation of the prevalence, frequencies and types of the following forms of violence against women:
 - Physical and sexual violence, emotional and economic abuse, and controlling behaviors by intimate partners.
 - Physical and sexual violence against women since the age of 15 by non-partners; and
 - Sexual abuse in childhood (before 15 years of age) by any perpetrator.³⁶
- (2) An assessment of the extent to which partner violence against women is associated with a range of health and other outcomes.
- (3) Identification of the factors that may either protect from or put women at risk of partner violence.
- (4) Documentation and comparison of the strategies and services that women use to deal with domestic violence, as well as perceptions about domestic violence against women.

The survey was designed to answer the following key research questions:

Prevalence and incidence

1. What is the prevalence and frequency with which women are physically or sexually abused by a current or former intimate partner?
2. To what extent does violence occur during pregnancy?
3. What is the prevalence and frequency of physical abuse by someone other than an intimate partner since age 15 (for example, in the workplace or by another family member or stranger)?
4. What is the prevalence and frequency of sexual abuse by someone other than an intimate partner, in childhood (before age 15) and since age 15 years (for example, in the workplace or by another family member or stranger)?
5. What are women's attitudes to violence, particularly domestic violence?

Effects of violence against women and children

6. To what extent is a history of partner violence associated with different indicators of women's physical, mental and reproductive ill-health and the use of health services?
7. What are the consequences of domestic violence against women on their children? Does it appear to affect factors such as school enrolment, or whether children have nightmares or behavioral problems?
8. To what extent is domestic violence against women witnessed by children within the household?

³⁶ Exploring violence by perpetrators other than intimate partners enables the identification of forms of domestic violence against women by other family members and provides an opportunity to determine the importance of domestic violence and partner violence against women in comparison to other experiences of interpersonal violence in a woman's life.

Coping strategies

9. What strategies do women adopt to minimize or end violence? Specifically, to what extent do women experiencing abuse retaliate against the perpetrator, leave the relationship, or seek help from family members, friends, or different service providers or support agencies? What are their feelings about the adequacy of the response, and are there groups from whom they would like to receive more help?

Risk and protective factors

10. What family and individual factors are associated with different forms of domestic violence against women? Is there an association with factors such as a woman's access to resources, a history of previous victimization by other perpetrators, and access to support by relatives?
11. What individual factors are associated with men being violent towards their wives or partners? Is there an association with factors such as men having witnessed violence between their parents as children, male loss of status, male violence towards other men, or alcohol and drug use?

The qualitative component:

Methodological triangulation verifies quantitative findings. Qualitative data were culled from a mixed-methods approach using focus groups with women on the outer islands, field researcher debriefings, key informant interviews, and survivor interviews.

Implementation

The Ministry of Internal Affairs implemented the study and WUTMI managed it, with support from a Majuro-based consultant. An international consultant assisted at key points: interviewer training, quantitative data analysis, and report writing.

A Consultative Committee consisting of heads of core Government Ministries and main NGO stakeholders was set up to support and advocate for acceptance of the study and to engender ownership of it by the Government. Additionally, the Consultative Committee has pledged their support in mobilizing support for the dissemination of findings.

The list of members of the research team and the Consultative Committee is included in Annex I.

2.2. Quantitative component

The quantitative component replicates the methodology developed for the *WHO Multi-country Study on Women's Health and Domestic Violence against Women*, with the exception of the sample size. The countries in the WHO study usually sampled one or two sites with approximately 1500 respondents at each site. The study in the RMI used a nationwide sample of 1301 women aged 15–64. The sample size was essentially limited by the (small) size of the population, and the safety requirement that the number of selected households in a cluster should be limited (suggested sampling density is around 1 in 10 households, with a maximum of 1 in 4 households in rural areas).

Sample design

Due to the limitations on sample size posed by the safety requirements, it was aimed to achieve a representative sample of approximately 3% of the female population aged 15–64 years old, roughly 1300 women. This sample size would be large enough to ensure statistical power to compare urban and rural parts of the RMI.

To achieve this number of women, 1301 households, approximately 3% of all households in the RMI, would be in the sample. A sampling plan for the 1301 households was designed to achieve a self-weighted and nationally representative sample.

The sampling frame consisted of 10 atolls falling into 5 categories: urban, peri-urban, rural – good services, typical rural, isolated rural. These atolls are Majuro, Kwajalein, Lae, Namu, Ailinglaplap, Wotje, Jaluit, Maloelap, Mili and Arno. Multiple islands were visited on some of the atolls, 27 in total.

Some outlying atolls were excluded because of their remoteness while others were excluded and listed as 'survey heavy.'

A multi-stage sampling strategy was applied as follows:

Stage 1 – Selection of Strata

The sampling began with the grouping of islands by stratum used by the Economic, Planning, Policy and Statistics Office (EPPSO). This includes five strata as defined by EPPSO: 0 – out of scope – referring to the atolls of Bikini and Rongelap,³⁷ which have too much radiation poisoning for human habitation, and the uninhabited atoll, Ujelang³⁸; 1 – Urban – which includes the capital Majuro, and the island of Ebeye

³⁷ Bikini and Rongelap are not safe for habitation due to the US nuclear testing program, 1946–1958. Rongelap atoll and its inhabitants suffered greatly from the Castle Bravo shot – the heaviest nuclear exposure to date.

³⁸ Ujelang Atoll was the place of exile for the Enewetak people during the US nuclear testing program. It remains uninhabited.

in Kwajalein atoll; 2 – Peri-urban – very close to Majuro (the nation's capital); 3 – Rural, good services – those atolls and islands where populations generally have a higher income, not isolated, good schools, relatively more services, existing power station; 4 – Typical rural – 'typical' outer islands where most inhabitants subsist through local foods, regular field trip ships that deliver basic goods and buy copra, regular airplane service; 5 – Isolated rural – isolated outer islands, far from the capital of Majuro and having infrequent boat and plane service.

Stage 2 – Selection of Atolls

Two atolls were considered from each of Strata 1, 2, and 3; three atolls from Stratum 4; and one from Stratum 5. The final decision was made collectively between the EPPSO statistician, National Researcher, and the International Researcher, based on number of households and women of eligible age on the atolls. Three sampling strategies were discussed: 1100 women, 1300 women, and 1500 women, with 1300 women deemed considerable and achievable.³⁹ Consideration was also given to exclude atolls that were 'survey heavy'⁴⁰ and/or had participated in the UNICEF Child Protection Baseline Research (CPBR).

Stage 3 – Selection of Households

Once the atolls were chosen, EPPSO created a formula for selecting households. Roughly one in six rural households (Strata 2, 3, 4, 5) and one in four urban households (Stratum 1) were selected. All households were pre-determined based on the RMI 2011 census. Names of heads of households were given to the field researchers.

Stage 4 – Selection of eligible women

An eligible woman is a woman in the 15–64 age bracket who usually lives in the household; if the person selected is visiting the household, she should have been sleeping there for at least 4 weeks; if the woman is a domestic servant, she should have been sleeping in the household for at least 5 nights a week.

In each selected household a woman from the 15–64 years bracket was selected at random from all eligible women in the household.

The selection was done by *kubwe in kijdik*.⁴¹ Eligible women

would draw a numbered bottle cap from a bag and the one drawing the pre-determined number would participate in the survey. The selected person could not be replaced by any of the other eligible persons in the household. This process was voluntary and oral permission was given before commencing the survey.

If foreigners⁴² fell in the sample they were interviewed in either English or Marshallese. If the interviewer did not feel comfortable conducting the questionnaire in English, she would trade with a team member.

Questionnaire

The questionnaire for the RMI FHSS, based on the WHO Multi-country Study on Women's Health and Domestic Violence (version 11), was modified and translated into Marshallese.

The questionnaire consisted of an administration form, a household selection form (enumeration of female household members), a household questionnaire, a women's questionnaire, and a reference sheet. The women's questionnaire included an individual consent form and the following 12 sections:

Section 1: Characteristics of the respondent and her community

Section 2: General health

Section 3: Reproductive health

Section 4: Information regarding children

Section 5: Characteristics of current or most recent partner

Section 6: Attitudes towards gender roles

Section 7: Experiences of partner violence

Section 8: Injuries resulting from partner violence

Section 9: Impact of partner violence and coping mechanisms used by women

Section 10: Non-partner violence

Section 11: Financial autonomy

Section 12: Anonymous reporting of childhood sexual abuse, respondent feedback

³⁹ The sample size was 1301 because of the population of the chosen atolls.

⁴⁰ Because of transportation difficulties, some atolls with regular transportation are used more often than others in national surveys. It was deemed important to choose other atolls that have far less opportunity to have their voices heard.

⁴¹ This is the Marshallese equivalent of drawing straws.

⁴² Foreigners who were counted in the 2011 RMI census.

For the English version of the full questionnaire refer to Annex II.

A small number of Marshallese-specific adaptations were made; in particular, questions to assess socioeconomic status of the household were tailored to the Marshallese context, as used in other surveys (household income and expenditure survey) such as the census. This allowed for more comprehensive data to be available at the national statistics office (EPPSO). See Annex III for the list of modifications. The Marshallese translation was verified and fine-tuned during the training of interviewers, the pilot test, and again during the Majuro fieldwork. This was a quality control measure to guarantee consistency in understanding and answers given to the wide range of questions.

The questionnaire was intended for all selected women in the eligible age group, whether partnered or not. However, not all respondents were required to answer all parts of the questionnaire. For example, questions about partner violence were posed only to women who ever had a partner or husband (currently or in the past). Only women who reported having been pregnant were asked about miscarriages, stillbirths and children.

Operational definitions of different types of violence

The RMI FHSS adopted the UN definition of domestic violence against women, which focuses primarily on intimate partner violence, experienced by women. Included in this were acts of physical, sexual and emotional abuse by a current or former intimate male partner, whether cohabiting or not. In addition, controlling behaviors were assessed, including acts to constrain a woman's mobility or her access to friends and relatives, extreme jealousy, and so on. The study also included physical and sexual violence against women, since age 15, and childhood sexual abuse before age 15, by perpetrators other than intimate partners. Definitions of each of these aspects of violence were operationalized in the study using a range of behavior-specific questions related to each type of violence.

Operational definitions of violence used in the WHO Multi-country Study on Women's Health and Domestic Violence Against Women	
Physical violence by an intimate partner <ul style="list-style-type: none"> a) Was slapped or had something thrown at her that could hurt her b) Was pushed or shoved c) Was hit with fist or something else that could hurt d) Was kicked, dragged or beaten up e) Was choked or burnt on purpose f) Perpetrator threatened to use, or actually used, a gun, knife or other weapon against her <p>(acts c–f are considered severe)</p>	Controlling behaviors by an intimate partner <ul style="list-style-type: none"> a) He tried to keep her from seeing friends b) He tried to restrict contact with her family of birth c) He insisted on knowing where she was at all times d) He ignored her and treated her indifferently e) He got angry if she spoke with another man f) He was often suspicious that she was unfaithful g) He expected her to ask permission before seeking health care for herself
Sexual violence by an intimate partner <ul style="list-style-type: none"> a) Was physically forced to have sexual intercourse when she did not want to b) Had sexual intercourse when she did not want to because she was afraid of what partner might do c) Was forced to do something sexual that she found degrading or humiliating 	Physical violence in pregnancy <ul style="list-style-type: none"> a) Was slapped, hit or beaten while pregnant b) Was punched or kicked in the abdomen while pregnant Physical violence since age 15 years by others (non-partners) <p>Since age 15 years someone other than partner beat or physically mistreated her</p>

Emotional abuse by an intimate partner a) Was insulted or made to feel bad about herself b) Was belittled or humiliated in front of other people c) Perpetrator had done things to scare or intimidate her on purpose, e.g. by the way he looked at her; by yelling or smashing things d) Perpetrator had threatened to hurt someone she cared about	Sexual violence since age 15 years by others (non-partners) Since age 15 years someone other than partner forced her to have sex or to perform a sexual act when she did not want to Childhood sexual abuse (before age 15 years) Before age 15 years someone had touched her sexually or made her do something sexual that she did not want to
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At the end of the interview the respondent was given a second – anonymous – opportunity to disclose childhood sexual abuse by marking a face card and sealing it in an envelope (Figure 2.1). If she verbally disclosed experiences with child sexual abuse at the end of the survey, the field researcher could return to questions regarding those experiences and make appropriate changes.

Figure 2.1. Card with pictorial representation of response to a question on sexual abuse before 15 years old: tearful face indicates “yes”; smiling face indicates “no”



Reference periods

For each act of physical, sexual and emotional abuse that the respondent reported as having happened to her, she was asked whether it had ever happened during her lifetime, in the past 12 months, and with what frequency (once, 2–5 times or more than 5 times). The two reference periods were used to calculate lifetime prevalence and the current prevalence of violence.

Both time periods are important and reveal different aspects

of the problem. The lifetime prevalence of violence (or “ever experienced violence”) measures whether a certain type of violence has occurred in a woman's life, even if it was only once. In this sense, it is cumulative and, as per definition, it would be expected to increase with age unless there was a cohort effect reflecting changing societal attitudes and behaviors. It reveals how many women experienced violence at some time in their lives. This is especially important for advocacy and awareness raising efforts.

Prevalence in the 12 months preceding the survey (“current violence”) reflects types of violence occurring in the past 12 months. This is by definition lower than lifetime prevalence because it measures only recent experiences of violence. The proportion experiencing violence in the past 12 months is important in efforts to understand the situation at one point in time: the present situation. This is significant for drafting intervention programs (e.g. how many women would currently need services) and describing the current population burden of violence experience. The 12-month period is also significant for monitoring change to determine the impact of these programs.⁴³

Partnership definition

The “ever-partnered women” are central to the study because it defines the population that could potentially be at risk of partner violence (and hence becomes the denominator for prevalence figures). In this study, “ever-partnered” refers to women who have had a relationship with a man whether it is in marriage or out of marriage such as cohabiting, separated, divorced and widowed.



Fieldworkers' selection and training

International research indicates that women's willingness to disclose violence is influenced by a variety of interviewer characteristics, including sex, age, marital status, attitudes and interpersonal skills.^{44, 45} As such the selection and training

⁴³ Caution is always required with the interpretation of change in the prevalence rate. Sometimes when awareness is increased, more women disclose violence and the prevalence rate will go up – which does not necessarily mean that the violence has increased.

⁴⁴ M Ellsberg et al. (2001). Researching domestic violence against women: methodological and ethical considerations. *Studies in Family Planning*, 32(1):1–16.

⁴⁵ HAFM Jansen et al. (2004). Interviewer training in the WHO Multi-Country Study on Women's Health and Domestic Violence. *Violence Against Women*, 10(7):831–849.

of interviewers was of paramount importance. Drawing from the guidelines of the WHO study, WUTMI used only female interviewers and supervisors for the survey. However, two men were included in the project acting as members of the data entry team, drivers, and general support.

A 3.5 week training course for interviewers and supervisors was delivered by the National Researcher in July 2012, following the training curriculum that was developed for the WHO study. The training included sensitization to gender and violence issues; understanding the goals of the study, interview techniques, revising translated questions, familiarization with the questionnaire using role plays and field practice; ethical and safety issues, including what to do in difficult situations and how to provide or refer to support; constructions of gender roles and Marshallese gender attributes; and a pilot test. Following the pilot test, it was determined that the field researchers needed to reflect on their initial experiences and fine-tune their delivery and the training was extended for another 3 days to make the training a full 4 weeks. Following field researcher training, supervisors, who were culled from the group during training, attended further training on specific supervisory details such as reporting, time-management, and quality control.



Pilot testing in the field took place during the third week of training on a small island within Majuro Atoll. The procedures and logistics were followed as if it was the real survey, except for using smaller field teams with the National and International Researcher acting as field supervisors. The pilot study indicated that the field procedures worked and that the women were cooperative with a nearly 75% rate of disclosure of violence.

Twenty field staff (including two men) were initially chosen to participate in the study. At the end of the training, 16 field researchers were retained based on their participation in training sessions and dedication to the project. Three

field teams were formed, each with 3 or 4 interviewers and 1 supervisor/editor. One of the trainees was not kept as interviewer but given tasks in support of the field teams. One trainee was let go, one left the study during the first week of interviews after an attempt to resituate her on the team, and one left the study before outer island data collection due to family commitments, while another left during outer island data collection due to health issues.

Fieldwork

The fieldwork started immediately after the training, with all three teams commencing work in Majuro, which had the largest proportion of households in the sample. Cars and drivers were provided. As previously discussed, it was determined that a boat hire would ensure safety and timely collection of data. The Enewetak/Ujelang Local Government boat, *Lady E*, was contracted for the three-week data collection period.



Ethical and safety considerations

Due to the sensitive nature of the study, the safety of the women who were being interviewed as well as that of the interviewers were of utmost importance. The Ethical and Safety recommendations developed by the WHO were used to guide the research.⁴⁶

The WHO guidelines emphasise the importance of ensuring confidentiality and privacy, both as a means to protect the safety of the respondents and field staff, and to improve the quality of the data. Researchers had a responsibility to ensure that the research did not cause the participant to suffer further harm or trauma. Interviewers were, moreover, trained to respect the respondents⁴⁷ decisions and choices.

As directed by the WHO protocol, all respondents were interviewed in private. In the consent process, interviewers explained that some questions were difficult and that all information would be kept confidential. Further on in the

⁴⁶ WHO. (2001). Putting Women First: Ethical and Safety Recommendations for Research on Domestic Violence Against Women. Geneva (World Health Organization WHO/FCH/GWH/01.1).

⁴⁷ In this report "participants" and "respondents" are used interchangeably.

interview when more sensitive questions were about to be asked, the interviewer asked whether the participants wanted to proceed and reminded them that all answers would be kept confidential. If the interview was interrupted, the interviewers were trained either to terminate the interview or to stop asking about violence and move on to another less sensitive topic until privacy could be ensured.

Some of the specific safety measures were:

- Safe name of the survey: for women experiencing violence, the mere act of participating in a survey may provoke further violence, or place the respondent or interviewer at risk. A safe name was also given to the study to ensure that the safety of the respondents was sound and that the interviewers were safe at all times. The name used in the field was *Family Health and Safety Study* or FHSS for short. This was the name used on all research documents in the field. The use of the safe name is to enable the respondents to explain the survey to others safely as a survey on women's health and life experiences. Taboos surrounding "women's issues" such as menstruation, pregnancy, and childbirth would require the man not to be present during the interview. All interviews were conducted in the respondent's home or another neutral location, if necessary.
- The project and research team received ethical clearance from and was endorsed by the Resource and Development Committee (RDC), which is composed of Secretaries of all ministries, the Republic's Chief Secretary (who reports directly to the President), and representatives of NGOs and churches.
- The *Leroij*, *Iroij*, and *Iroijlaplap* (female, male, and male high chiefs, respectively) were asked for permission to conduct the survey on their lands and they kindly approved the requests.
- Mayors from the sampled atolls communicated their support of the project to the local governments, which included the police who were available for assistance on each site.
- The exact nature of the study was not revealed. When approaching traditional or elected leaders, the study was discussed as a project to support healthy families by surveying women's health and life experiences and all were asked to sign confidentiality agreements.
- Confidentiality agreements were signed by all participants on the first day of training. Any other stakeholder, including those in the Consultative Committee and international

consultants, signed confidentiality agreements before information on the study was divulged.

- Members of the Marshall Islands Counsellors Association (MICA) were available when needed for members of the research team.
- Each field researcher was provided with a cell phone or SIM card for use in her own phone during urban area data collection and was required to text or call her supervisor after each completed interview.
- Outer island data collection was conducted at Outer Island Health Dispensaries, or at a church if the dispensary was unavailable.
- A sheet of valuable emergency numbers was provided to each respondent in Majuro only, as VAW resource networks are not available in the outer islands, and are extremely limited in Majuro.
- Besides the leaflet, support was available on a case by case basis according to the way the situation developed during the interview stage. During the training interviewers were taught to inform their supervisor in particular of the following:
 - a. respondents with suicidal thoughts in the past four weeks
 - b. respondents who asked for help
 - c. when household or woman refused to complete an interview
 - d. when current child abuse was reported.⁴⁸
- Oral consent was given for participation in the study and the interviewer signed a consent page, which was checked by the field editor and supervisor.

Quality control mechanisms

To ensure high quality and internationally comparable data, a number of levels of control were set up:

- The use of the standardized training package
- Compilation of details of eligible women in each household, enabling exploration of sampling biases at household level
- Close supervision of each interviewer in the field by the field supervisor and editor
- Random checks of some households by the supervisors, who would use a short questionnaire to verify the process

⁴⁸ Participants were warned these were exceptions to confidentiality.

by which the selected woman was chosen in the household and to assess respondents' perception on the topic of the interview (for ethical reasons, the respondents' answers in the initial interview would not be verified).

- Continuous monitoring of each interviewer using performance indicators such as: number of completed interviews, response rate, and rate of disclosure of physical partner violence.
- Weekly supervisor meetings to discuss team performance
- Daily debriefings to serve as both mental health support and quality control
- Review of completed questionnaires by the team supervisor and editor in each team to identify errors so that they could be corrected immediately while still in the same census block
- Second level questionnaire editing upon arrival of the questionnaire in the central office
- Range and skip checking by the data entry program, batch file checking and 100% double entry and subsequent validation to find data entry errors.

Data processing and analysis

The data entry for the study was conducted using the Census and Survey Processing System (CSPPro) software with a team comprising Field Researchers and Field Editors. Leilua Taulealo was independently contracted to provide training of the data team. Double entry of data was conducted to ensure accuracy of data entry.

A local firm, Marshall Islands Epidemiological and Prevention Initiative (MIEPI), analysed the data using SPSS data software.

2.3. Qualitative component

Collection of qualitative data was seen as an important research method to add depth and humanize the quantitative results. Connecting with the individual stories is a tool for

bringing about social change. Qualitative data were culled from various sources, including key informant interviews, focus groups, survivor accounts, and from field researcher journals.

Key informants consisted of traditional leaders, members of civil society, and those directly involved in violence responses: healthcare workers, judges, and police. Open-ended interviews were conducted with key informants in relation to their work and their direct involvement with victims of VAW and/or their influence on policy related to VAW.

Though the initial intention had been to conduct focus groups with both women and men on the outer islands, for safety reasons it was decided to conduct focus groups with only women. Discussions were prompted on the basis of the qualitative research design of the Vietnam prevalence study outlined by the Center for Creative Initiatives in Health and Population,⁴⁹ and survey questions on women's attitudes and perceptions within a partnership.⁵⁰ Women were asked about different situations related to emotional, financial, physical, and sexual violence and whether they consider the scenarios to be violent.

Survivors, both female and male, shared their experiences with the intention of making a better future for our families. More often than not, survivors began to share their experiences through casual conversation.⁵¹

Reflection is an integral part of research and all field staff kept daily journals to write about their experiences with the community. All field staff was aware that their entries could be used for the purpose of supporting the study. Further qualitative data were also recorded during field staff debriefing sessions.

Qualitative data collection followed Marshallese protocols and Indigenous methodologies.⁵² All names have been changed for the qualitative studies, along with specific details that if exposed might put the participant in danger.

⁴⁹ Center for Creative Initiatives in Health and Population qualitative research guidelines (unpublished).

⁵⁰ Section 6 of the RMI FHSS.

⁵¹ In these instances, the researcher stopped the conversation to explain the nature of her research and asked if the story could be used as part of the project. All participants willingly gave oral consent.

⁵² Further study into Marshallese epistemologies and research methodologies would be beneficial for more holistic data collection.

3. Response rate and description of the survey sample

This section describes the response rate and the sample of the quantitative component. Further, it describes how well the survey sample reflects the general population of women and the satisfaction of respondents with the interview.

3.1 Response rates

Despite the sensitive nature of the survey the response rate was an impressive 95%. This is a direct result of the survey methodology and strict adherence to the training program. Interviewer preparedness has a direct result on response rates and the high percentage of completed surveys is owed to the training methodology that included gender sensitivity work, self-reflection, team building, and role-play of potential encounters, translation, and delivery of the survey. This process led to confident and empowered field researchers and the high response rate is a direct result of their conscientious work.

Out of the sample of 1,301 households (HH), 918 were in urban areas and 383 HH were in rural outer islands. Excluding vacant, destroyed or not found dwellings, and inhabitants who did not understand English or Marshallese, 1175 eligible HH were visited. Interviews were conducted at 1082 HH and this step was completed in homes both with and without eligible women. In this way, 995 HH were found to have eligible women and of this number, 947 interviews were completed with eligible women aged 15–64, which translates to a 95% response rate.

It should be pointed out that unique situations affected the number of completed interviews. On Ebeye, a missile test from the Reagan Missile Test Site caused the team to leave early without completing one entire section of the island. A funeral on another island made it difficult to conduct interviews as most of those in the sample were immediate family members of the deceased. Only one island was less than hospitable upon the researchers' arrival. Inhabitants of that island were not helpful and misdirected field researchers for many of the sampled houses. The decision was made to leave the island without completion of the full sample.

3.2 Description of the respondents in the sample

Table 3.2 describes the sample in terms of geographical distribution, educational level, age distribution, and partnership status. The distributions are given for all respondents and for all ever-partnered respondents.

The sample drew 69% of its respondents from the urban areas and 31% from the outer islands. Ever-partnered respondents accounted for 98% of the sample, of which 55% were currently married, 31% in koba (civil partnership), 5% with a regular partner (dating), 5% divorced or separated, 1% widowed, and 2.5% have never been partnered. These percentages (unweighted) were nearly identical for urban and outer islands.

Most respondents (63%) had at least some high school education, 24% had an elementary education, 13% had at least some high school education, and very few ($n = 5$) had not attended school. Tertiary levels were slightly higher in the urban areas than the outer islands (15% and 13%, respectively).

Because only one woman was selected in each household, the probability for selection was lower for women in large households. This can affect the results. To allow for these differences in the selection probability, in the last two (blue) columns of Table 3.2, weights have been applied for total eligible women in the household. The frequency distribution in these last two columns in principle should reflect more precisely the actual situation. In practice, the differences between weighted and unweighted distribution is small, as we will also see in the next section.

3.3. Representativeness of the sample

Two approaches were taken to evaluate whether the women interviewed (the respondents) were representative of the population of women aged 15–64 years in the study location.

First, the following characteristics of the women in the sample were compared with those in the population of women 15–64

years old: location (urban or outer island), education, age, and current partnership status.⁵³ For this comparison, 2011 Census data were used. Since the survey took place only one year after the census, we expected the Census data to accurately reflect the current situation. In Table 3.3 displays the comparison of the sample (weighted and unweighted for number of eligible women in the household) with the population data for women 15–64 years old in the general population according to the 2011 Census. The data show that both the weighted and unweighted data closely follow the population data.

Figure 3.1 shows the age distribution of all eligible women in the households in the sample with the direct overlap of all respondents being eligible women in the household and very little, if any, deviation through weighting of data. In this way we can assess potential sampling bias, in particular, participation bias. The distribution in 5-year age groups of the population (the blue line) shows that the proportion of women in each age group becomes smaller with increase in age. The distribution of all eligible women in all households in the sample (red dotted line) follows this distribution exactly, as can be expected when the sample is representative.

3.4. Effect of selection probability on findings

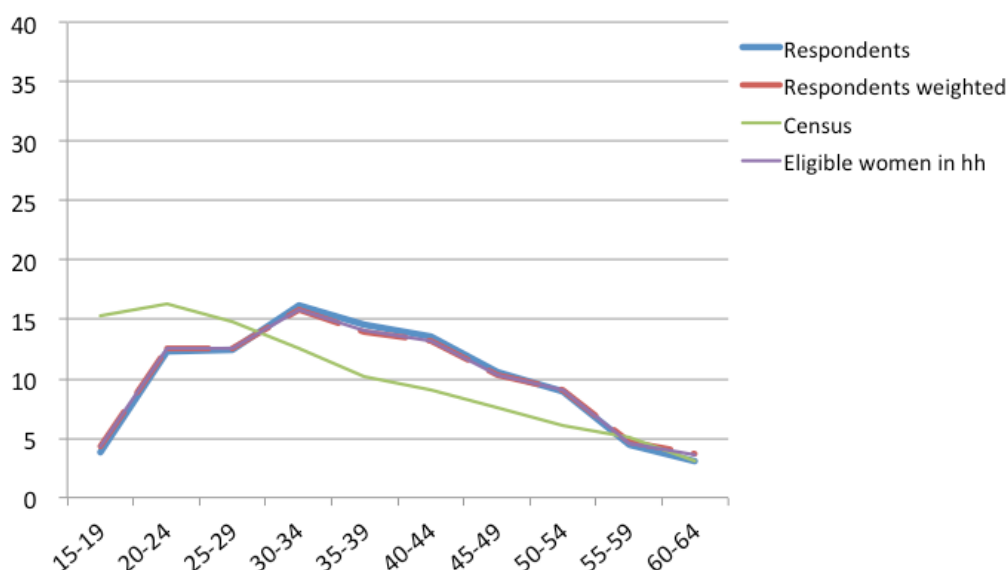
Table 3.4 shows the effect of the sample design (selecting only one woman per household) on the estimates of partner violence, by presenting prevalence data on lifetime and

current physical, sexual, and physical and/or sexual partner violence for weighted and unweighted data. The data are also presented (weighted) for the selection probability of HH and the number of eligible women in the HH. The results show that applying weights for the number of women in a household has almost no effect on the prevalence rates, implying that women in the Marshall Islands experience similar levels of violence, independent of whether they live in small or large households. Data in this report are presented weighted, unless otherwise noted.

3.5. Participation bias

As well as a possible bias, created by the sampling strategy, in terms of who is selected and who is not (as discussed above), bias can also be created by the refusal of a proportion of the selected women to participate. This is of particular importance in a study of VAW since women who are living in a situation of violence might be more reluctant to participate in a study. It may also be possible that a woman who has a violent partner is less easily found, for example if she temporarily left the house. For this reason the study used an extended operational definition of household, which included in its definition of eligible women, not only women who ordinarily lived in the household, but also women visitors who stayed in the household for at least the 4 weeks preceding the interview, and domestic workers who slept at least 5 nights a week in the households. Furthermore, interviewers were trained to use strategies to minimize refusals, such as multiple return

Figure 3.1. Age distribution of respondents and of the female population aged 15-64 years (2011 Census), RMI 2012



⁵³ Table 3.3 additionally presents the breakdown by religion for the respondents in the survey only.

visits if the selected respondent was not at home. Since the individual response rate in the whole country was very high, it can be expected that the effect of participation bias was low.

3.6. Respondents' satisfaction with interview

The interviews for the survey were often a long and difficult journey for both respondents and interviewers but there is evidence from the data that it was not necessarily harder for those women who had disclosed violence compared to those who had not disclosed violence. For example, the duration of the interview was rather long and the median duration among all ever-partnered women was 138 minutes (2 hours, 18 minutes). However, the median duration between those who experienced both physical and sexual violence and those who did not disclose violence differed by only 24 minutes, with women who had experienced only sexual violence having the shortest interview duration of only 75 minutes (see Table 3.5.).

The common perception is that women do not want to be asked about their experiences of violence. To explore this issue, towards the end of the interview all women were asked whether they felt better, the same or worse, compared to before the interview. The response to this question was very meaningful. Overall, most respondents found participating in the study a positive experience. Among all women who completed the interview, 87% felt better after it, whether she

had experienced partner violence or not. About 12% felt the same as before the interview and 1% of the women stated they felt worse. Of women who had experienced both physical and sexual violence, 92% said the interview made them feel better and all of those women agreed to be contacted again. This is a particularly important datum since the majority of women had never before shared their stories with anyone. It is a first step in breaking the silence that exists around family violence and supports interventions that promote discussions, community awareness, and the need for women's centers on all populated islands.



RESULTS

Introduction

The following chapters present the present situation of women in the RMI through a detailed assets index and their current risk factors for experiencing violence, based on quantitative findings of the RMI Family Health and Safety Study (FHSS). Chapter 4 discusses the methodology and data examined to formulate a comprehensive 'assets index' based on responses to the FHSS Household Questionnaire.⁵⁴ The Risk Factor Analysis follows in Chapter 5, before the full presentation of quantitative and qualitative results. Chapter 6 presents the patterns and scope of violence against women by husbands or partners and Chapter 7 deals with violence against women by perpetrators other than partners. Women's attitudes and perceptions about gender roles and violence against women are described in Chapter 8 while Chapter 9 describes the direct and indirect impact of partner violence against women, in particular on the health of women but also on other aspects of daily life. Widening the scope, Chapter 10 looks at the impact of violence against women on their children, as well as at intergenerational aspects of violence. Chapter 11 probes some of the responses of women who were abused by their partners: do they talk about it with others; do they seek support, and do they leave or fight back? Chapter 12 discusses the transformational power of the FHSS.

While many crucial findings are described in the text, for more detail readers are advised to refer to the complete list of tables and the tables themselves in Annex V.

Where possible the results of the quantitative and qualitative research components are presented together to complement and reinforce each other. The description of the survey results is printed in black font and the description of the **qualitative results and citations from study participants are printed in red font.**

⁵⁴ The main violence outcomes are also broken down by index of socioeconomic status (SES). Since western concepts of poverty and status are quite different from the Pacific, we refer to the SES as an 'assets index' in which respondents can be classified as having least assets, medium assets, and most assets.



4. Household socioeconomic study

Marshall Islands Violence Against Women Socioeconomic Status Study

Prepared by Seema Vyas, PhD

April 2013

4.1 Introduction

The Marshall Islands VAW survey collected information on a number of individual variables reflecting different dimensions of household socioeconomic status (SES). This report describes the method used to develop a single-measure index of SES – an “asset index” – using this information. A key issue in deriving an asset index using different indicators is how to assign weights to the individual variables. Principal components analysis (PCA) is a commonly used approach for statistically deriving weights for asset indices. PCA is a multivariate statistical technique that reduces the number of variables in a data set into a smaller number of components. Each component is a weighted combination of the original variables. The higher the degree of correlation among the original variables in the data, the fewer components required to capture the common information. An important property of the components derived is that they are uncorrelated; therefore each component captures a dimension in the data. The next section details the steps taken to derive a PCA-based asset index.

4.2 Method

Guided by Vyas and Kumaranayake (2006) this study undertook three steps to derive a PCA-based asset index: first, a descriptive analysis; secondly, the construction of the PCA-based asset index; and thirdly, the classification of households into SES groups. The analysis was conducted using STATA version 10.00 statistical software.

4.3 Descriptive Analysis

The first step was to conduct descriptive analysis, which involved establishing the overall sample size, the frequency of each variable and patterns of missing data for individual variables. This descriptive analysis was essential exploratory work to ensure data quality, and appropriate data coding and recoding for further analysis.

Overall sample size

From a total of 1,301 households visited, a household selection form and questionnaire were administered and completed in 1,081. The household questionnaire gathered information on different SES indicators, and the household selection form identified whether or not a woman eligible for a subsequent woman's questionnaire was present. A woman's questionnaire was administered and completed in 947 households. The SES index was constructed using data from all 1081 households where full household questionnaire data were collected.⁵⁵

Frequency analysis

The purpose of the frequency analysis was to establish the extent to which the variables are distributed across the households and to inform subsequent coding of the variables. An issue with PCA is that it works best when asset variables are correlated, but also when the distribution of variables varies across households. It is the assets that are more unequally distributed between households that are given more weight in PCA. For example, an asset that all households own or that no households own would exhibit no variation between households and would carry a weight close to zero from a PCA. A second issue with PCA is that data in categorical form are not suitable for inclusion in the analysis. This is because the categories are converted into a quantitative scale that does

⁵⁵ One case was excluded because responses to questions were coded either refused; don't know/remember; or missing.

not have any meaning. To avoid this, qualitative categorical variables are recoded into binary variables.

The Marshall Islands survey data gathered information on type of dwelling; main source of drinking water; type of toilet facility; the main materials used in the roof; and in the outside walls; the main source of energy used for lighting; and used for cooking; ownership of a range of vehicles; land ownership; the number of rooms in the house for sleeping; and the total number of people in the household. A description and frequency distribution of the variables for the total sample is shown in Table 1.

Table 1: Description and frequency of SES variables

Variable long name / short name	Variable label	N = 1081	%/ mean (std. dev)
Type of dwelling house is located q00	Single house	979	90.6
	Multi-unit residential	80	7.0
	Commercial/ agricultural building	8	0.7
	Other type of housing unit (boat/trailer)	12	1.1
	Other	2	0.20
Main source of drinking water for household / q01	Tap/piped water in residence	37	3.4
	Outside tap (piped water) at household	73	6.8
	Rainwater collection/ catchments	774	71.6
	Public standpipe/water pipe	7	0.7
	Covered/ protected well	5	0.5
	Vendor provided/bottled water	179	16.6
	Other	6	0.6
Main type of toilet facility in household / q02	Flush connected to central sewage system	510	47.2
	Flush to own septic tank	263	24.3
	Water-sealed (without flush)	134	12.4
	Pit latrine	23	2.1
	No facility/ lagoon	147	13.6
	Other	3	0.3
	Don't know/ don't remember	1	0.10

Main material used in roof q03	Galvanized/ aluminium tin	1018	94.2
	Concrete	17	1.6
	Wood	25	2.3
	Fiberglass	3	0.3
	Thatch	18	1.7
Main material used in wall q04	Concrete/brick/ stone	612	56.6
	Wood	431	39.9
	Galvanized/ aluminium	26	2.4
	Fiberglass	1	0.10
	Thatch	11	1.0
Main source of lighting used in household / q05a	Electricity (metered)	739	68.4
	Electricity (own generator)	14	1.3
	Electricity (neighbour's)	8	0.7
	Kerosene	5	0.5
	Solar energy	231	21.4
	Coconut oil	5	0.5
	Battery	54	5.0
	Candles	25	2.3
Main source of energy used for cooking in the household / q05b	Electricity	79	7.3
	Gas/propane	612	56.1
	Kerosene	18	1.7
	Solar energy	2	0.2
	Wood/coconut husks/shell	370	34.2
Whether any member of household owns a...			
Bicycle / q05ca	Yes	276	25.5
Motorbike / q05cb	Yes	24	2.2
Car / q05cc	Yes	165	15.3
Boat / q05cd	Yes	133	12.3
Wheelbarrow / q05ce	Yes	284	26.3
Whether people in household own any land / q06	Yes	717	66.3
	No	343	31.7
	Don't know/ don't remember	20	1.9
	Missing	1	0.10
Number of rooms in household used for sleeping / q07		1081	2.063 (1.120)
Total number of people in the household / hh1		1079	7.912 (5.009)

When considering household infrastructure characteristics the findings reveal that, generally, the majority of households report either one or two characteristics for each variable.

The vast majority (90.6%) of households reside in a single house and the majority of the remaining households are located in multi-unit residential settings. For main source of drinking water two options are most common: rainwater (71.6%) or water provided by a vendor/bottled water (16.6%).

While almost three-quarters of respondents reported their main type of sanitation facility is a flush toilet either connected to a sewer (47.2%) or to a septic tank (24.3%), 13.6% reported either having no sanitation facility or using the lagoon. Virtually all households reported their roof is made of metal (galvanized or aluminium) and reported their outer wall is either made of concrete, brick or stone (56.6%) or wood (39.9%). Slightly over two-thirds of respondents reported their main source of energy for lighting is electricity (metered) and 21.4% said they use solar energy. For source of energy used for cooking, over half of respondents use gas or propane (56.6%) and 34.2% use wood or coconut husks. Ownership of different types of vehicles is generally low, ranging from 2.2% (motorbike) to 25.5% (bicycle); however, two-thirds of respondents reported that they own land.⁵⁶

The distribution of the asset indicators across the total sample masked to some extent the variation by urban and rural location. For example, in the urban setting 87% reported a flush toilet (connected to sewer or septic tank) as their main type of sanitation facility; 90% use electricity (metered) as their main source of energy for lighting; and 79% use gas or propane for cooking (9% use electricity). In the rural setting, types of sanitation facility, material used for outside walls and source of energy used for lighting show more variability; 87% collect rainwater for drinking and 90% use wood or coconut husks for cooking. In addition, all reports of drinking water provided by a vendor or bottled are from urban locations, and virtually all the respondents who reported no sanitation facility or use of a lagoon and who use solar energy for lighting are in rural locations. While household ownership of a car is higher in the urban setting, ownership of a bicycle, boat and wheelbarrow is higher in the rural settings.

4.4 Analytical approach

Coding of variables

Table 2 describes the coding for each SES indicator. Four separate variables were created for type of drinking water source: "tap"; "outpipe", combining outside tap and public standpipe; "rainwater"; and "bottled", combining vendor provided or bottled water and covered or protected well. When asked to specify if they reported 'other' sources, most respondents named either "Kwajalein" or water from their neighbor or gymnasium and these were subsequently combined in the variable "outpipe".⁵⁷

Three separate binary variables were created for toilet facility: "flush", combining flush toilet to sewage system and flush toilet to septic tank; "latrine", combining water-sealed toilet and pit latrine; and "none", combining no facility or lagoon and

other (for which respondents specified either dump or their neighbor's toilet).

Three separate variables were created for main type of outside wall material: "concrete" (concrete, brick or cement); "rudwall", combining wood and thatch; and "metal", combining galvanized and aluminium, and fiberglass.

The indicators for main source of lighting energy were categorised to reflect the installation system in the households. Three binary variables were created: "metered", assumed to capture households connected to a grid; "generator"; and "other light", combining electricity from neighbors, kerosene, solar energy, coconut oil, battery, and candles.

The responses for main source of energy used for cooking were collapsed into a binary variable "stove", coded 1 and using electricity or gas/propane, or 0, using all other sources (kerosene, solar and wood).

All types of vehicles and land ownership were considered separately as binary variables, each coded 1, member of household owns vehicle (or land), and 0, no household member owns vehicle (or land). A household "crowding" index was created as the ratio between the number of people in the household and the number of rooms in the house for sleeping.

Inclusion of variables in PCA analyses

Based on the frequency distribution for the sample, the following variables were considered for inclusion in the PCA analysis: main source of drinking water; main type of toilet facility; main type of outside wall material; main source of energy used for lighting and for cooking; vehicle ownership; land ownership; and household crowding. The variables type of dwelling and material used for the roof were excluded from the analysis because the responses to these questions exhibited little variation.

Table 2: Description of SES variables used in PCA analysis

Variable description	Variable composition	Type of variable	Value labels
Tap	Tap/piped water in residence	Binary	No = 0 Yes = 1
Outpipe	Outside tap (piped water) at HH/public standpipe/water pipe/other	Binary	No = 0 Yes = 1
Bottle	Vendor provided/ bottled well/ covered/ protected well	Binary	No = 0 Yes = 1
Rainwater	Rainwater collection/ catchments	Binary	No = 0 Yes = 1

⁵⁶ Ed. Note: The Marshall Islands is a matrilineal society wherein land rights are generally passed down through the women, hence rates of land ownership among the female respondents are high.

⁵⁷ This is because they are assumed to be outside of the home.

Flush	Flush toilet connected to sewer/flush toilet to septic tank	Binary	No = 0 Yes = 1
Latrine	Water-sealed (w/out flush)/pit latrine	Binary	No = 0 Yes = 1
None	No facility/lagoon/other	Binary	No = 0 Yes = 1
Concrete	Concrete/brick/stone	Binary	No = 0 Yes = 1
Rudwall	Wood/thatch	Binary	No = 0 Yes = 1
Metal	Galvanized/aluminium/Fiberglass	Binary	No = 0 Yes = 1
Metered	Electricity (metered)	Binary	No = 0 Yes = 1
Generator	Electricity (generator)	Binary	No = 0 Yes = 1
Otherlite	Electricity (neighbor)/Kerosene/Candle / Solar/Battery/ Coconut oil	Binary	No = 0 Yes = 1
Stove	Electricity/Gas/propane	Binary	No = 0 Yes = 1
Bicycle		Binary	No = 0 Yes = 1
Motorcycle		Binary	No = 0 Yes = 1
Car		Binary	No = 0 Yes = 1
Boat		Binary	No = 0 Yes = 1
Wheelbarrow		Binary	No = 0 Yes = 1
Land ownership		Binary	No = 0 Yes = 1
Crowd (No. people in household/ No. of rooms for sleeping)		Continuous	0.33–24.00

Missing values

Another data issue is that of missing values and two options exist to deal with this. The first is to exclude from the analysis households with at least one missing value, and the second is to replace missing values with the mean value for that variable. Exclusion of households based on missing socioeconomic data could significantly lower sample sizes and the statistical power of study results. However, attributing mean scores for missing values reduces variation among households. In both situations, the limitation is more pronounced with high numbers of missing values.

Missing values were only observed for the variable “land” and all 20 cases were coded as the mean for that variable. It is

expected inclusion or exclusion of these households would have little impact on the distribution of SES.

4.5 Principal Components Analysis

The first principal component is considered a measure of household SES and is therefore retained. The output from a PCA is a table of factor scores or weights for each variable. Generally, a variable with a positive factor score is associated with higher SES, and conversely a variable with a negative factor score is associated with lower SES.⁵⁸

An initial model considered all the variables detailed in Table 2, namely, source of drinking water; type of toilet facility; main material for outside wall; main source of energy for lighting and for cooking; ownership of the different types of vehicles and wheelbarrow; land ownership; and household crowding. From this initial model, however, it became clear that the PCA was reflecting the stronger correlations with, a priori, poorer quality infrastructure indicators that were dominant in the rural setting. For example, collecting rainwater for drinking, having solar energy for lighting, and using wood or coconut husks for cooking all displayed strong positive weights. The use of PCA to construct SES indices depends, in part, on face-validity and by excluding rainwater, source of energy used for lighting and bicycle from the analysis, a suitable SES variable was obtained.

The final model included the following variables: main source of drinking water – excluding the indicator “rainwater”; type of sanitation facility; main material used in the outer wall; source of energy for cooking; ownership of a motorbike; car; boat; wheelbarrow or land; and household crowding. The results of this model are shown in Table 3. A household that obtains water from a tap in residence, a vendor or has bottled water; has a flush toilet; has outside walls made of concrete, brick or stone; and uses either electricity or gas/propane for cooking would attain a higher SES score. All other household infrastructure variables were associated with lower SES. Households with a motorbike (though marginally) and/or a car would also have attained a higher SES score. The variables flush toilet and using electricity or gas for cooking displayed the highest weights. However, ownership of a boat or wheelbarrow was associated with lower SES, as was ownership of land—possibly reflecting higher levels of ownership in the rural setting. Higher household crowding was associated with lower SES.

⁵⁸ In STATA, when specifying PCA, the user is given the choice of deriving eigenvectors (weights) from either the correlation matrix or the co-variance matrix of the data. If the raw data have been standardized, then PCA should use the co-variance matrix. As the data were not standardized, and they are therefore not expressed in the same units, the analysis specified the correlation matrix to ensure that all data have equal weight. For example, crowding is a quantitative variable and has greater variance than the other binary variables, and would therefore dominate the first principal component if the co-variance matrix was used.

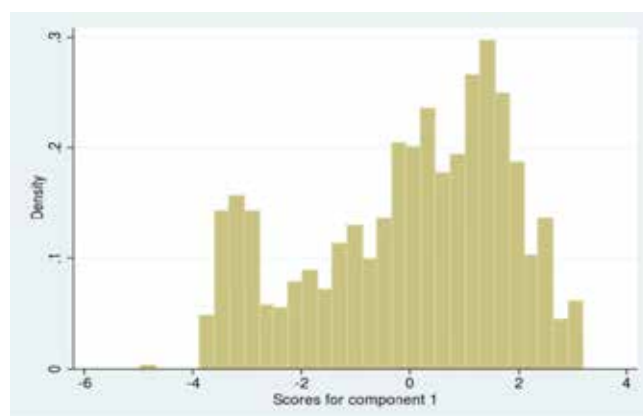
Table 3: Results from principal components analysis

Total sample (N = 1079)			
SES indicator	Mean	Std dev	PC score
Tap / piped water in residence	0.034	0.182	-0.017
Outside tap / Public stand-pipe / Other	0.080	0.271	-0.107
Vendor / bottled / Covered well	0.171	0.376	0.236
Flush toilet to sewer or septic tank	0.715	0.452	0.440
Water-sealed / Pit latrine	0.146	0.353	-0.215
No facility / lagoon / Other	0.139	0.346	-0.356
Concrete / brick/stone outside wall	0.565	0.496	0.376
Wood / thatch outside wall	0.410	0.492	-0.026
Galvanized / aluminium / Fiberglass outside wall	0.025	0.156	-0.370
Electric / Gas/propane cooker	0.639	0.481	0.383
Motorcycle	0.021	0.145	0.010
Car	0.151	0.358	0.220
Boat	0.123	0.329	-0.060
Wheelbarrow	0.262	0.440	-0.113
Land ownership	0.677	0.463	-0.172
Household crowding	4.402	2.908	-0.215

4.6 Classification Of Households Into SES Group

Classification of households into SES group

Using the factor scores from the first principal component as weights, a dependent variable can then be constructed for each household which has a mean equal to zero, and a standard deviation equal to one. This dependent variable can be regarded as the household's SES score, and the higher the household SES score, the higher the implied SES of that household. A histogram of the household SES scores is shown in Figure 1. The figure reveals that the distribution of the household SES score is slightly left skewed towards "less poor" SES.

Figure 1: Distribution of household SES score

To differentiate households into broad SES categories studies have used cut-off points – most commonly an arbitrarily defined disaggregation, e.g. quintiles. Another method is to use a data driven approach – cluster analysis – to derive SES categories. Cluster analysis was used in the WHO multi-country study on domestic violence and women's health to derive "low", "medium" and "high" SES categories.

For this study both methods to classify households into SES groups were explored using the total sample. First, households were ranked according to their SES score and were then split into three equal-sized groups or terciles. K-means cluster analysis was then used to group households into three clusters. The mean SES score for each SES group, derived using both methods, is shown in Table 4. When considering the SES classification using terciles, the difference in the mean SES score is much higher between the poorest and middle poor SES group than for the middle poor and least poor SES group (2.532 and 1.513 respectively). This compares with a difference of 2.543 between the poorest and middle poor SES group, and of 1.891 between the middle poor and least poor SES group using the cluster method where almost 42% of households is classified in the least poor group, 35.5% is classified as middle poor and just over one-fifth (22.5%) is classified as poorest.

Table 4: Mean socioeconomic scores by SES group (N = 1079)

Total sample	Terciles			Cluster analysis		
	Poor-est	Middle poor	Least poor	Poorest	Middle poor	Least poor
N	360	360	359	243	383	453
%	33.0	33.0	33.0	21.1	24.4	42.0
Mean SES score	-2.191	0.341	1.854	-2.764	-0.221	1.670
Std Dev	1.000	0.478	0.513	0.659	0.608	0.584

Internal coherence compares the mean value for each asset variable by SES group to assess whether ownership differs by group. Table 5 shows the mean ownership levels of the SES indicator variables by both the tercile and cluster derived SES groups. The findings reveal that for most indicators both

methods similarly differentiate household SES; however, for the variables type of sanitation facility and source of energy used for cooking the cluster method differentiates the middle poor and least poor better than the tercile method. The findings from Tables 4 and 5, then, suggest the cluster approach is slightly better at differentiating all three SES groups.

4.7 Summary

This report describes how a PCA-based asset index was created using the Marshall Islands VAW survey data. From the PCA analysis households were classified into SES groups using terciles and cluster analysis approach.

Two issues became apparent when conducting the PCA and should be considered when using SES variables for analysis. The first is the extent to which the different SES indicators

Table 5: Mean ownership of SES variables by SES group (N = 1079)

SES indicator	Tercile			Cluster		
	Poorest (N = 360)	Middle poor (N = 360)	High poor (N = 359)	Poorest (N = 243)	Middle poor (N = 383)	Least poor (N = 453)
Tap/piped water in residence	3.9	2.8	3.6	4.5	2.9	3.3
Outside tap / Public stand-pipe / Other	15.0	8.1	0.8	15.2	10.2	2.2
Vendor/bottled / Covered well	1.4	15.8	34.0	1.2	9.7	31.8
Rain collection/catchment	79.7	73.3	61.6	79.0	77.3	62.7
Flush toilet to sewer or septic tank	22.8	91.9	99.7	4.5	80.4	99.8
Water-sealed / Pit latrine	35.8	7.8	0.0	36.2	18.0	0.0
No facility/lagoon / Other	41.4	0.3	0.0	59.3	1.6	0.0
Concrete/brick/stone outside wall	19.7	50.8	99.2	11.1	41.3	93.8
Wood/thatch outside wall	76.9	45.3	0.6	86.0	54.8	5.1
Galvanized/aluminium/Fiberglass out wall	3.3	3.9	0.3	2.9	3.9	1.1
Electricity (metered) for lighting	31.7	77.8	95.5	23.5	67.1	93.4
Generator used for lighting	1.4	2.2	0.3	1.2	2.1	0.7
Other energy source for lighting	66.9	20.0	4.2	75.3	30.8	6.0
Electric / Gas/propane cooker	18.6	73.6	99.4	15.2	56.7	96.0
Bicycle	36.4	26.1	13.9	35.6	30.0	16.3
Motorbike	2.8	1.1	2.5	2.1	2.1	2.2
Car	3.1	8.3	34.0	2.1	5.0	30.7
Boat	15.8	12.5	8.6	17.3	12.3	9.7
Wheelbarrow	39.4	22.2	17.0	40.7	25.9	18.8
Land ownership	83.6	63.3	52.1	84.8	67.9	55.2
Household crowding : mean (std. dev)	5.583 (3.360)	4.575 (2.750)	3.046 (1.809)	6.019 (3.520)	4.577 (2.670)	3.387 (2.245)

were reflecting urban and rural differences and the second is whether each indicator itself captures heterogeneity in SES. It may be that in rural locations there is less development in terms of infrastructure and fewer households are connected to such things as the electricity grid, resulting in these households having a heavier reliance on services that do not require the necessary installation, like solar energy for light. In addition, while not used in the PCA, type of dwelling could be a reflection of population density within an area. Consideration should also be given to the extent to which certain variables reflect livelihoods – such as ownership of a boat or wheelbarrow. The owning of a boat will have a quite different implication for the SES of a household that relies on a fishing boat for its livelihood than for a household owning a boat for leisure.

Despite these issues, the assessment of the internal coherence performed according to a priori assumptions, and while both the tercile and cluster methods for classifying households performed reasonably well in disaggregating SES, the cluster approach performed slightly better.

Reference

Vyas, S and Kumaranayake, L (2006) How to do (or not to do) . . . Constructing socioeconomic status indices: how to use principal components analysis. *Health Policy and Planning* 21(6): 459–468.



5. Factors associated with violence against women by partners

Main findings

- **All important risk factors for both lifetime violence and current partner violence against women are related to characteristics of the partner rather than of the woman: fighting with other men and having extra-marital affairs are both independently strongly associated with violence against a wife or female partner.**
- **A man's regular use of alcohol is a risk factor for current violence against a partner.**
- **Overwhelmingly, the evidence indicates that violence is a learned behavior: a man's experience of violence in his childhood is associated with his acts of violence as an adult. Childhood experiences of violence include being beaten as a child, or witnessing his mother being beaten by his father.**

The following Risk Factor Analysis, prepared by Dr. Pauline Gulliver of the New Zealand Family Violence Clearing House, identifies factors associated with the prevalence of intimate partner violence in the Marshall Islands to facilitate the design of appropriate strategies and interventions.

In this chapter we use a statistical approach to explore risk factors or characteristics that predict whether a woman is more likely to experience partner violence.

Our theoretical model is the ecological framework for understanding partner violence⁵⁹ that was described in Chapter 1, Section 1.1. The data collected with the survey questionnaire gave us particular information on the innermost

circles of the ecological framework: the individual, her family, and her relationship.

It should therefore be noted that the findings of this analysis will be only part of the picture, as the current analysis does not look at community and society factors (the outer circles of the ecological framework) that also play a role in explaining violence against women. At the society level, norms around gender roles and domestic violence, as well as the legal context and law enforcement, vary between communities, regions and countries. These are related to tradition, culture and socioeconomic development and have been shown to be related to partner violence.⁶⁰

Nevertheless, the data collected enable to explore the inner circles of the ecological framework and the aim of this analysis is to investigate selected individual and relationship factors associated with partner violence in a representative sample of women aged 15–64 years living in the Marshall Islands. We selected a set of characteristics from the woman, her support network, and from her partner, that could be expected to be related to her experience of partner violence. This selection was based on existing conceptual models, other published analysis and previous findings already described in this report.

a. Method used for risk factor analysis

1) Dependent variables in this analysis

Two dependent or outcome variables for the analysis were used:

- Lifetime experience of physical or sexual violence by current or most recent partner.
- Current (previous 12 months) experience of physical or sexual violence by current or most recent partner.

⁵⁹ L Heise, M Ellsberg, M Gottemoeller. (1999). Ending violence against women. Population Report, 27:1–43.

⁶⁰ E Gracia, J Herrero. (2006). Acceptability of domestic violence against women in the European Union: a multilevel analysis. Journal of Epidemiology and Community Health, 60:123–9.

2) Independent variable or potential risk factors considered in this analysis

The potential risk factors that are used in this analysis are listed below, together with how the variables were recoded into categories for this analysis.

Potential risk factors for the woman

Demographic variables

○ Age (recoded into 10-year age bands)

A woman's age is thought to affect the likelihood that she will ever experience partner violence; a young age is usually a risk factor for current violence because violence usually starts early in the relationship and diminishes with age.

○ Island (Atoll or Island of residence)

We considered it important to include a factor for geographical region because of the possibility of differences in community dynamics within an island or atoll.⁶¹

○ Education (three groups: did not attend school / secondary school completed / college or higher education completed)

Education is considered a source of empowerment that may protect women from violence. We compared women who had not completed any education with those who had completed secondary school and those who had completed college or some form of higher education.

○ Marital status (two groups: currently partnered and previously partnered)

Many studies show that women who are currently partnered report lower levels of violence compared to women who were previously partnered. Those previously partnered women could be divorced or separated due to the violence. It has also been observed that women find it easier to disclose violence if they are no longer with the abusive partner.

○ Earn own income (two groups: yes and no)

Women who have financial autonomy are hypothesized to have more say over financial and other household matters and be able to leave an abusive relationship more easily.

○ Ownership of capital assets (owns by self / owns with others)

As with financial autonomy, independent ownership of capital assets has the potential to facilitate the process of leaving an abusive relationship.

○ Number of children born alive (0, 1–2, 3–4, 5 or more)

We hypothesized that a greater number of living children, increasing the financial burden, may place additional strain on the relationship.

Variables for women's immediate support network / contact with family

○ Proximity of women's family (two groups: yes and no)

It can be hypothesized that a women living close enough to her family to be able to visit them easily, or if the couple lives with the woman's family of birth, she may have a better support network and may be better protected against partner violence.

○ Frequency of talking with family members (two groups: less than once a week / at least once a week)

As before, if a woman often talks to her family of birth she may be better supported emotionally or protected physically.

○ Can count on support of the family members when having a problem (two groups: yes and no)

The importance of the family as a support network is noted. The variable is recoded into 'yes' and 'no / don't know' as to whether the woman can count on support of family members if there is a problem. The category 'no' includes 'don't know'.

○ Living with her family (two groups: no / yes)

Another measure of the immediacy of the family support network.

○ Living with his family (two groups: no / yes)

It is possible that the immediacy of his family may provide support for the relationship. However, it is also possible that if he had experienced violence from his family in the past, living with his family as a couple may increase the likelihood of the woman experiencing violence.

⁶¹ This was accounted for in multivariate analysis models.

Women's experience with violence by others than her partner

- *Physical violence by others since age 15 years old (two groups: yes and no)*
- *Sexual abuse by others since age 15 years old (two groups: yes and no)*
- *Child sexual abuse by others before age 15 years old (two groups: yes and no)*

Many studies elsewhere show that non-partner experiences of violence can increase the vulnerability for partner violence (or vice versa). Therefore, we included these three indicators of violence by others than partners.

- *Nature of first sexual intercourse (three groups: coerced / forced / wanted)*

Other studies have shown that if a woman's first sexual experience was not wanted (coerced or forced) this increases her risk for partner violence. In some countries this first experience could have been with her current partner, but this is not always the case in all contexts.

- *Woman's mother was beaten (two groups: yes and no)*

Some other studies have shown that a woman whose mother has been beaten by the mother's partner is more likely to become a victim of partner violence herself.

Potential risk factors for the partner

It should be noted that all the data collected for these factors were provided by the female partner.

Partner's demographics

- *Age (four groups: 15–24, 25–34, 35–44, 45+)*

Since younger women on average have younger male partners than older women, we will need to include age of the partner. We have seen before that age is a determining factor in the experience of violence.

- *Education (three groups: no schooling / secondary school completed / college or higher education completed)*

As with the women, the educational level of her partner can be hypothesized to play a role in the risk of a woman experiencing violence.

- *Employment status (two groups: working / other)*

A partner's employment status is related to his status in society, as well as to the extent to which he can contribute

to the economic status of the family. For the analysis, the categories were regrouped into 'working' and 'other' (including unemployed, studying, retired, etc.).

Partner's behavior

- *Alcohol consumption (two groups: at least weekly / less than weekly)*

A partner's drinking patterns have consistently been found to be strongly related with intimate partner violence in a variety of settings; this is particularly true for daily drinking. In the Marshall Islands, relatively few women reported that their husbands drink daily (this is the category that in a number of other studies shows the highest risk for violence). Therefore, the original categories were recoded to 'at least once a week' and 'less than once a week'. Though this dilutes the variability in the measure, it ensures that both groups contained enough cases for the analysis.

- *Fighting with other men (two groups: yes and no)*

Women who have a partner who is known to fight with other men can be hypothesized to be at higher risk of violence.

- *Having a parallel relationship with other women (two groups: yes / may have, and no)*

Studies elsewhere have shown that men who are unfaithful (having extra-marital affairs) are more likely to beat their wives. The categories for this variable have been recoded into 'yes' (including "may have") and 'no'.

Partner's childhood experience with violence

- *Partner's mother was beaten (yes, and no / don't know)*

Research has found that male children who see their mother being abused by their father are at a higher risk of becoming abusers in their intimate relationship.⁶² The categories for this variable have been recoded into "yes" and "no".

- *Partner was beaten by family member (yes and no)*

Childhood exposure to violence is also commonly cited as a risk factor for violence in intimate relationships. The categories for this variable have been recoded into "yes" and "no".

⁶² S Kishor, K Johnson. (2004). Risk factors for the experience of domestic violence. Profiling domestic violence: a multi-country study. Calverton, Maryland: Measure DHS+ ORC Macro, 27–52.

Potential risk factor from women's household environment

○ Assets Index (two groups: lower / medium and high)

As with education, socioeconomic level can be considered a source of empowerment that may protect women from violence or give them more opportunities to seek help or leave a relationship. The breakdown of partner violence by SES level in the tables in this report shows that women from households with a higher SES level consistently report a lesser degree of partner violence compared to women from households with a lower SES level. If the respondent is living with her partner, the SES of the household could be considered a relationship variable rather than an individual variable. However, some of the women in this study had violent partners who are not/ no longer part of her current household, therefore we consider household SES separately from the women characteristics and the partner characteristics.

○ Age difference with partner

We investigated the possibility that larger age differences will contribute to a heightened risk of violence.

○ Difference in educational level

As with age, it may not be the absolute educational level of either member in a relationship, but the relative educational level of the woman in comparison with her partner that increases or reduces the likelihood of violence. In light of this, we included a relative measure of educational achievement of the woman compared with her partner.

Subsample of women used in the analysis

Interviews were completed with 947 women aged 15–49 years old. Of these women, 924 had experienced a relationship/partner (ever partnered). Among the ever-partnered women, 450 did not report partner violence, while 474 women reported physical and/or sexual violence by a partner at a certain point in their life.

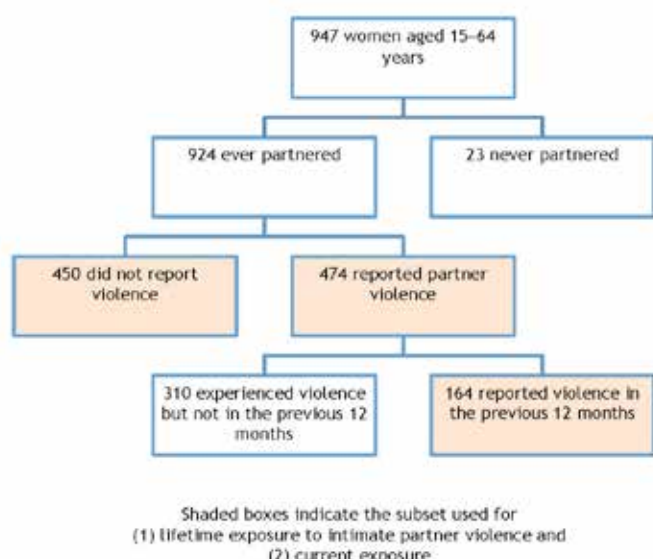
When investigating lifetime exposure to intimate partner violence, we included all ever-partnered women in the analysis. When investigating current (previous 12 months) exposure to intimate partner violence, we excluded those women who had previously experienced violence, but not in the past 12 months, so that they did not contaminate or dilute the results by being included in the comparison group. The risk factor analysis thus used data from 924 women for 'ever' experience of intimate partner violence and 614 women for current experience of violence.

Statistical analysis

Descriptive cross-tabulations were done for each of the potential risk factors and the lifetime and current experience of physical and/or sexual violence. Logistic regression was then used to identify risk factors that were associated with violence. Both lifetime and current (past 12 months) violence were selected as dependent variables to explore whether the associations would be similar or different. Other studies have shown that risk factors correlate in similar ways with current and lifetime partner violence except for age, with young age of the respondent, in most contexts, being a predictor for increased current violence, but generally not for lifetime violence.⁶³

The statistical analysis was done in three stages.

1. Descriptive analysis: We examined for each factor or characteristic the prevalence of violence for the women presenting this characteristic.
2. Univariable analyses: Each factor was assessed in isolation and was therefore the only variable to be specified using univariable logistic regression analysis. For each variable, its statistical significance was calculated (P-value) and the effects of each variable were identified in terms of (crude) odds ratios, relative to a reference category (with OR=1) to identify candidate variables to construct a multivariable model. Variables with two-tailed probability values (P-values) of equal or less than 0.1 were considered relevant to be included for further analysis.



⁶³ E Bassuk, R Dawson, N Huntington. (2006). Intimate partner violence in extremely poor women: longitudinal patterns and risk markers. *Journal of Family Violence*, 21:387–99.

3. Multi-variable analysis. Those variables identified as significant in step 2, above, were then included in a model in which we adjusted for location. For multivariable models, a two-tailed probability value of 0.05 or less was considered significant.

Odds ratios greater than one indicate that the variable was associated with increased likelihood of experiencing intimate partner violence. Odds ratios less than one (i.e. 0–0.99) represent reduced likelihood of experiencing intimate partner violence. These modelling exercises have been conducted independently for lifetime and current experience of partner violence. The results are reflected in Tables 10.1 and 10.2.

b. Risk factors for ever experiencing partner violence against women

The univariable analysis shows that the following factors from the woman's side are associated with lifetime experience of partner violence (with $P < 0.1$) (Table 10.1.):

- Education: compared with those who had completed no formal education, women who completed high school (OR=0.52) or college/higher education (OR=0.39) were less likely to have experienced intimate partner violence in their lifetime
- Parity: with increasing numbers of children born alive, there was an increased likelihood of ever having experienced IPV compared with women who had no children born alive (OR (5+ live births) = 1.73)
- Sexual abuse by others after age 15: women who had ever experienced sexual violence by perpetrators other than partners were more likely to report lifetime partner violence (OR=2.01)
- Child sexual abuse by others when younger than 15 years of age: women who had been sexually abused before they were 15 were more likely to report ever experiencing IPV (OR=2.11)
- Nature of first sexual intercourse: women whose first sexual intercourse was coerced or forced were more likely to report lifetime partner violence than women whose first sexual experience was wanted (OR (forced) = 1.77)
- Woman's mother was beaten: when the woman was aware that her mother had been beaten when the woman was a child, she was more likely to report ever experiencing IPV (OR=1.82).

Of those variables that measured aspects of the woman's immediate support network, the proximity of the woman's family (OR (not living close) = 1.44) and frequency of talking with family members (OR (talk weekly or more) = 0.73) were associated with lifetime experience of IPV. Living with her

partner's family was associated with increased likelihood of lifetime experience of IPV (OR=1.65).

Univariable exploration of the associations between each of the partners' characteristics and the respondents' experience of lifetime partner violence shows that the following factors were significantly associated with lifetime violence:

- alcohol use (OR=1.54 for those drinking at least once a week)
- fighting with other men (OR=2.07)
- having parallel relationships with other women (OR=3.46)
- partner's mother was beaten (OR=2.45)
- partner was beaten as a child (OR=1.67).

Relative educational attainment was associated with increased likelihood of lifetime experience of IPV. If the woman's attained educational level was appreciably either higher or lower than that of her partner, the likelihood of her experiencing IPV was higher.

Finally, univariable analysis showed that the SES index was associated with lifetime experience of partner violence (OR=0.60 for those with a high SES index).

Multi-variable analysis

Of those variables listed, only relative educational attainment was no longer associated with lifetime prevalence of IPV experience after adjusting for location (island or atoll).

c. Risk factors for currently experiencing partner violence against women

The univariable analysis shows that the following factors from the woman are associated with current experience of partner violence (Table 10.2.):

- Age: a higher proportion of young women reported experiencing violence compared to older women (OR (50–64yrs) = 0.35)
- Each variable measuring previous experiences with violence was associated with an increased prevalence of current IPV exposure:
 - physical violence by others after 15 years of age (OR=1.38)
 - sexual abuse by others after age 15 (OR=1.67)
 - childhood sexual abuse by others before 15 years of age (OR=2.35)
 - nature of first sexual intercourse (OR (forced) = 2.28)
 - woman's mother was beaten (OR=2.06).



Other variables measuring existence and functionality of the social support network of women, listed below, were associated with prevalence of current experience of IPV:

- proximity of women's family: compared with those who lived with or near to their family, women who did not live near to their family were more likely to be currently experiencing IPV (OR=1.79)
- frequency of talking with family members: those who spoke to their family at least once per week were less likely to report current experience of IPV (OR=0.56)
- living with his family: the likelihood of current experience of violence when the woman was living with her partner's family was greater (OR=2.22).

Univariable exploration of the associations between each of the partners' characteristics and the respondents' experience of current partner violence shows that the following factors were significantly associated with current violence:

- age (OR=0.52 for the oldest age group vs the youngest)
- alcohol use (OR=1.55 for those drinking at least once a week)

- fighting with other men (OR=2.27)
- having parallel relationships with other women (OR=4.42)
- partner's mother was beaten as a child (OR=2.27)
- partner was beaten as a child (OR=2.23).

The household's SES index was associated with current partner violence at univariable level – those who lived in a higher socioeconomic group were less likely to be currently experiencing violence (OR=0.52).

Multi-variable analysis

After adjusting for location, only physical violence by others after 15 years of age and sexual violence by others after 15 years of age were no longer significant. All other variables listed above continued to be significantly associated with currently experiencing IPV.

d. Risk factor analysis: discussion and conclusions

Risk factor analysis was applied to both lifetime and current experience of violence. The results show slightly different risk factors predicting ever having experienced partner violence and currently experiencing partner violence, respectively.

Although increased woman's age was associated with reduced likelihood of current experience of IPV, there was no relationship between age and lifetime experience of IPV. At the same time, low educational attainment and increased parity were each associated with increased likelihood of lifetime experience of IPV, but not current experience of IPV.

Research from other countries has identified an association between a woman's previous violence experience and increased likelihood of current and lifetime experience of IPV. Of the 'previous violence' variables included in this analysis, only physical violence by others when the woman was over 15 was not associated with lifetime experience of IPV. After adjustment for location, physical violence by others when the woman was over 15 years and sexual abuse by others when the woman was over 15 years were not associated with increased prevalence of current experience of violence. These findings suggest that it is the woman's experiences in her childhood (sexual abuse by others as a child, awareness of mother being beaten) that are associated with increased likelihood of current or lifetime exposure to IPV.

The close proximity of a woman's family and her ability to speak with her family on a regular basis were associated with reduced likelihood of current or lifetime experience of IPV. In contrast, living with her partner's family increased the likelihood that a woman would be currently experiencing or had ever experienced IPV.

As with the woman's characteristics, although increasing partner's age reduced the likelihood that the woman would be currently experiencing IPV, there was no association between the partner's age and lifetime exposure to IPV. The woman's partners' alcohol consumption and other experiences of violence were all positively associated with the woman's current and lifetime exposure to IPV.

Of the household and relationship characteristics measured, only socioeconomic status was associated with IPV experience. Higher socioeconomic status was associated with a reduced likelihood of experiencing either current or lifetime IPV.

The findings presented show strong consistency with those published from other WHO Violence Against Women studies. We suggest that four 'higher level' findings can be extracted from the results presented:

1. Characteristics of the women that make them more vulnerable to intimate partner violence include youth, lack of education and isolation from social support structures.

The cross sectional nature of this investigation prevents causal associations from being drawn from the findings presented. However, it is conceivable that the influence of these variables could be additive, intensifying the likelihood of intimate partner violence occurring.

2. Intimate partner violence appears to be a learned trait. That there is increased likelihood of experiencing violence when a woman is living with her partner's family, where her partner's mother has been beaten when he was a child and when her partner was beaten when he was a child suggests that those who perpetrate intimate partner violence do so in a social environment where it is condoned.
3. The prevalence of current and lifetime experience of intimate partner violence is higher in women residing in households with more financial or social stressors. As identified in other countries, lower socioeconomic status is associated with increased likelihood of current and lifetime experience of IPV. Living with a partner who consumes alcohol frequently or who uses violence outside the home also increases the likelihood of current and lifetime experience of IPV.
4. Violence begets violence for both the woman and her partner. Previous victimization increases the likelihood of current and lifetime victimization for the woman and perpetration for the man.

6. Violence against women by husbands or partners

Main findings

- Almost half (48%) of women in the RMI have experienced physical violence from a partner in their lifetime; 16% of women have experienced this violence in the past 12 months.
- The majority of women reporting violence experienced severe violence such as being hit with a fist or something else (33%); being kicked, dragged, or beaten (25%); or choked, burnt, or threatened with a weapon or had a weapon used on them (nearly 10%).
- Ninety percent of the women interviewed have been pregnant. Of those women (n = 853), 10% were beaten during pregnancy and in more than 80% of those cases, the father of the child was the abuser.
- More than 20% of respondents, that is, 1 out of every 5 ever-partnered women, have been sexually abused by their partner, 6% of those women reporting the violence in the past 12 months.
- If we combine data for physical and sexual violence, 51% of ever-partnered women reported experiencing physical and/or sexual violence by a partner at least once in her life.
- Nearly half (48%) of all ever-partnered women who were interviewed reported that they have experienced emotional partner violence, with 22% experiencing this violence in the past 12 months.
- Most emotional violence reported was scaring and intimidation (33%), and threats to hurt her or someone she cares about (34%).

- Women interviewed also experience controlling behaviors by their partners, which is often an indicator of violence. Some 71% report that the partner insists on knowing where she is at all times; 48% need permission before seeking health care; 43% report that their partners are often suspicious that she is unfaithful.
- Economic abuse also affects women and their families in the RMI, with more than 1 in 4 women experiencing abusive acts of this kind from their partners.

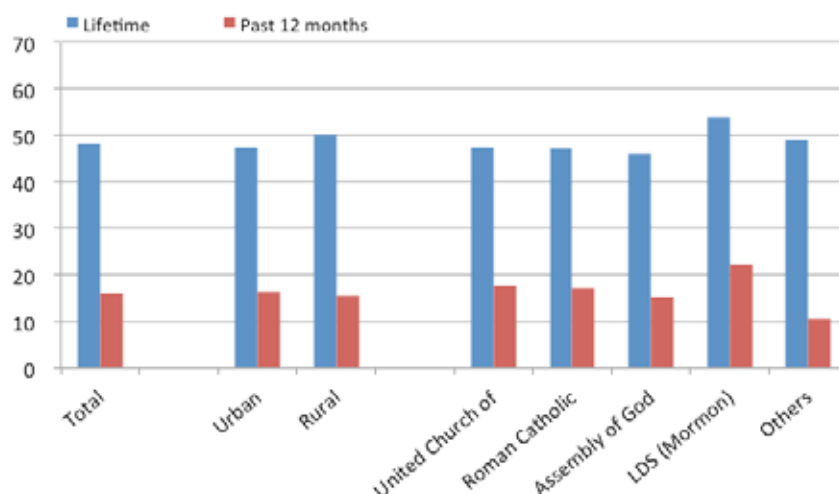
This chapter presents data on the prevalence and patterns of different forms of violence against women by a husband or male partner: physical and sexual violence, emotional and economic abuse, and controlling behaviors. It also briefly discusses women's violence against their male partners.

In the survey, women's experiences of violence were measured using a series of behavior-specific questions about whether any partner had inflicted different physically, sexually or emotionally abusive acts against her (see Chapter 2 for operational definitions). These questions were asked only of women who reported they had ever had a partner. If a woman confirmed having been exposed to any of the acts she was asked about, more detailed questions followed. For each act that happened, she was asked whether she had experienced that act within the past 12 months and about the frequency with which the act had occurred.

This chapter also explores the severity of physical violence and the extent of overlap of different types of partner violence.

Although we interviewed eligible women 15–64 years old (partnered and non-partnered) in the sample, the results in this chapter are presented for the 924 “ever-partnered women”, because only ever-partnered women were asked about partner violence. We use the term “ever-partnered” rather than

Figure 4.1. Prevalence of physical partner violence, among ever-partnered women, by urban/rural and religion, RMI 2012 (N=924)



"ever-married" because the group includes women who are currently or in the past involved in a civil partnership, locally referred to as *koba*.

Vignettes from focus groups and key informant interviews support the quantitative data along with research participant accounts culled from field journals detailing the life experiences of respondents.

a. Physical violence

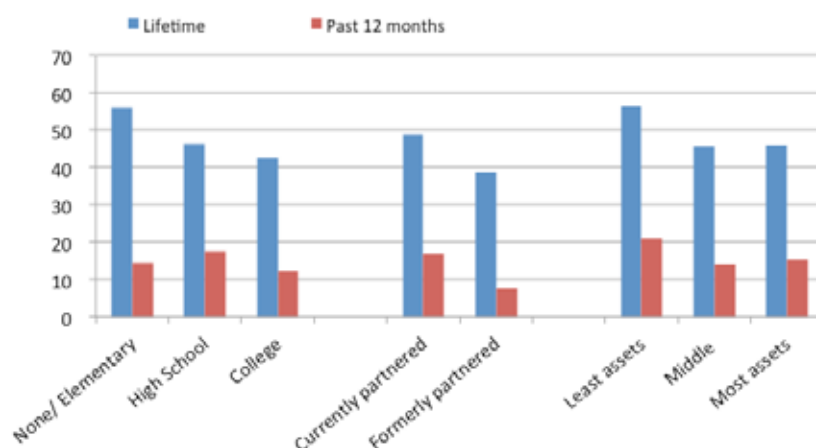
Lifetime and current prevalence of physical violence

The lifetime prevalence of physical partner violence is defined as the proportion of ever-partnered women who reported having experienced one or more acts of physical violence by a current or former partner or husband at least once in her lifetime. Current prevalence reflects the proportion of ever-partnered women reporting that at least one act of physical violence took place during the 12 months before the interview and is by definition a subset of the women who report lifetime experiences of violence.

In the RMI, the overall lifetime prevalence rate for physical violence against women by a partner is 48%. This means that virtually half of ever-partnered women reported having experienced physical violence by a partner at least once in their lifetime. The differences between women in the urban and rural areas were slight and not significant, with prevalence at 47% (95%CI = 42–53%) and 50% (95%CI = 44–56%) respectively. Experiences of abuse in the past 12 months were almost identical, with 16% (95%CI = 13–19%) of women in urban and 15% (95%CI = 11–21%) of women in rural areas experiencing physical violence by a partner. In other words, approximately 16% of women in the RMI are currently experiencing physical partner violence (Figure 4.1).

In the Marshall Islands, as in other Pacific nations, religion and spirituality are central to the community structure. It is therefore important to present evidence of violence within the religious system to show that this social issue is cross-cutting.

Figure 4.2. Prevalence of physical partner violence, among ever-partnered women, by education, relationship status and household assets, RMI 2012 (N=924)



Women with little or no education suffer more lifetime physical violence at the hands of a partner (56%, 95%CI = 48–64%) than those with at least some college education (43%, 95%CI = 34–52%). The difference in lifetime violence experience by education status, however, was not statistically significant. In addition, the data show that education levels do not relieve the experiences, as shown in Figure 4.2. The same figure shows that currently partnered women experience more lifetime violence (49%, 95%CI = 45–53%) than those who were formerly partnered (39%, 95%CI = 24–56), with current violence following the same pattern. Differences in violence experience by partnership status were not statistically significant.

Socioeconomic status does not have an impact on a woman's experience with partner violence. Though those with the least assets experienced slightly higher rates of lifetime violence than those with the most assets (56% (95%CI = 47–65%) and 46% (95%CI = 40–52%), respectively, no significant difference), current prevalence in the group with the least assets (21%, 95%CI = 15–29%) and most assets (15%, 95%CI = 12–18%) shows more similarity than that of the mid-range (14%, 95%CI = 10–18%) (Figure 4.2, differences are not statistically significant).

Though it is not recorded in the survey data, it should also be noted that community status, either by traditional rites

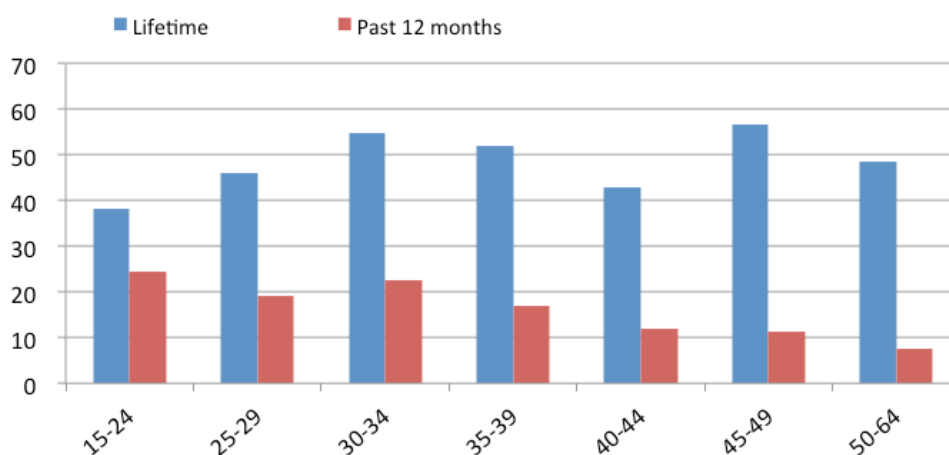
or exceptional service, does not save a woman from partner violence.

I was so surprised when she showed me her scars. She had stab wounds all over her body but in places that would be covered by her clothes: her stomach, legs. I was sad for her and surprised because she is a chief.

Research Participant Account

It is to be expected that the lifetime prevalence rates of physical violence by partners increase with age, because when measuring lifetime prevalence we are measuring a cumulative experience that includes any experience, no matter how long ago. Thus lifetime experience includes violent experiences that occurred when women were young, early in their relationships. We see that the lifetime prevalence rate peaks among women 30–34 years old (52%, 95%CI = 43–66%) and then begins to decrease, suggesting that after age 34, few women experience “new” violence for the first time. This is consistent with the findings for current prevalence of physical violence. There is a perceived outlier group (45–49 years of age) (Figure 4.3). The prevalence rate for this age group is 43%, though the confidence interval for this group is wide, ranging from 31 to 55%, and overlaps with other age groups, indicating no statistically significant difference between the age groups.

Figure 4.3. Prevalence of physical partner violence, among ever-partnered women, by age, RMI 2012 (N=924)



Acts of physical violence

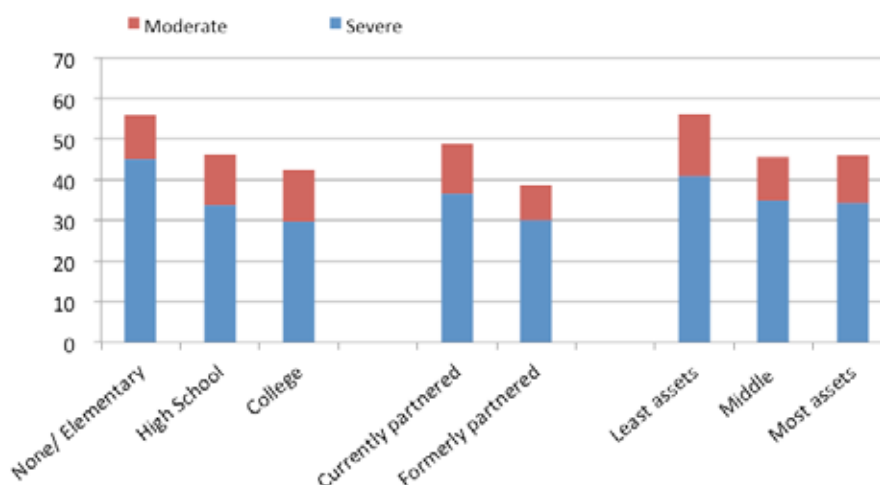
Nearly half of women in the RMI have experienced at least one act of physical violence in their lifetimes. While the most common abuse experienced is considered moderate (slapping or having something thrown at her, 43%), the aggregated violence shows that women are experiencing more severe acts of violence, such as being hit with a fist or other object (33%), kicked, dragged or beaten (25%), and being choked, burnt, or experiencing threats or use of a weapon (each 9%).

Note that all instances of violence are higher in the rural areas than the urban areas. One research participant reported an experience during field research:

The woman that I interviewed today showed me a scar where her husband shot her with a gun. She wouldn't tell the doctor what happened and didn't go to the police. She didn't want him to get in trouble.

Research Participant Account

Figure 4.4. Prevalence of lifetime moderate and severe physical partner violence, among ever-partnered women, by education, relationship status and household assets, RMI 2012 (N=924)



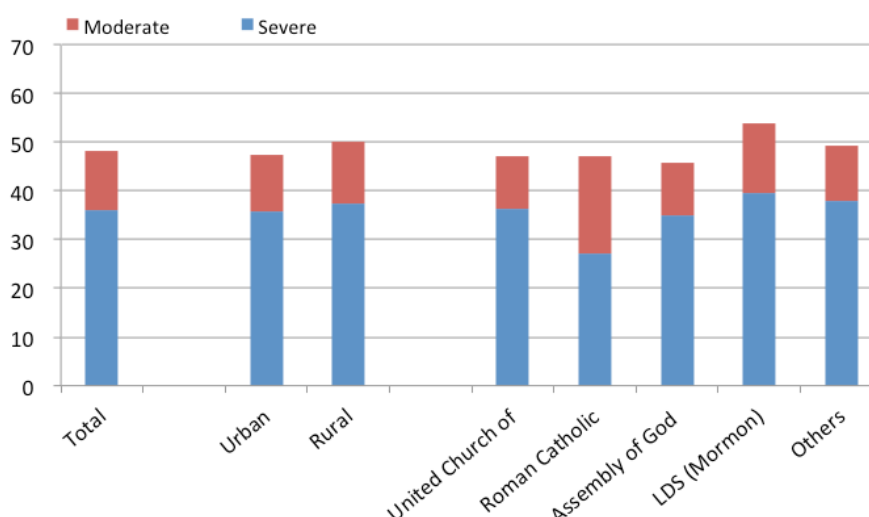
It is seen that women with more education experience less severe violence than women with little or none but the fact remains that education does not relieve a woman's experience with violence in the RMI. The highest levels of severe violence occur in the group with elementary or less than elementary education (45%, 95%CI = 38–53%), followed by those with at least some high school education (34%, 95%CI = 30–39%), and at least some college (31%, 95%CI = 24–38%). Though this is a positive trend with significant differences in the prevalence of severe violence experience by education status, the reality is that nearly one out of every three tertiary-educated women in the RMI is experiencing severe physical violence by a partner (Figure 4.4).

Most of the violence seen in the RMI is in the severe category, as previously detailed. Figure 4.5 illustrates the experiences of women in both urban and rural areas, and by religious affiliation. Upon initial analysis, those women who reported following the Latter-day Saints (Mormon) faith consistently reported slightly higher than average prevalence of partner violence (54%, 95%CI = 38–69%). Those women of the Roman Catholic faith reported slightly lower instances of severe violence but similar overall prevalence to the national averages of women from other faiths (47%, 95%CI = 34–61%). After additional confidence tests were completed, no statistically significant difference in the experience of intimate partner violence depending on the woman's faith was found.

She didn't go to school and all the time the husband beat her up. But when she go to college, she know that women can fight for their freedom...

Research Participant Account

Figure 4.5. Prevalence of lifetime moderate and severe physical partner violence, among ever-partnered women, by urban/rural and religion, RMI 2012 (N=924)



A woman's socioeconomic status, determined by her assets or traditional role in society, does not play a significant role in decreasing her experiences with physical partner violence. There was no significant difference in the severity of violence experienced by socioeconomic status.

'He killed the previous wife. The new wife had to go with him because he is the Iroij (chief). He beat her too and threw her in the trash pit. Then he lit the trash on fire but she wasn't dead. Some people saved her. He's still on the island and now has a new wife.'

Outer Island Focus Group Participant

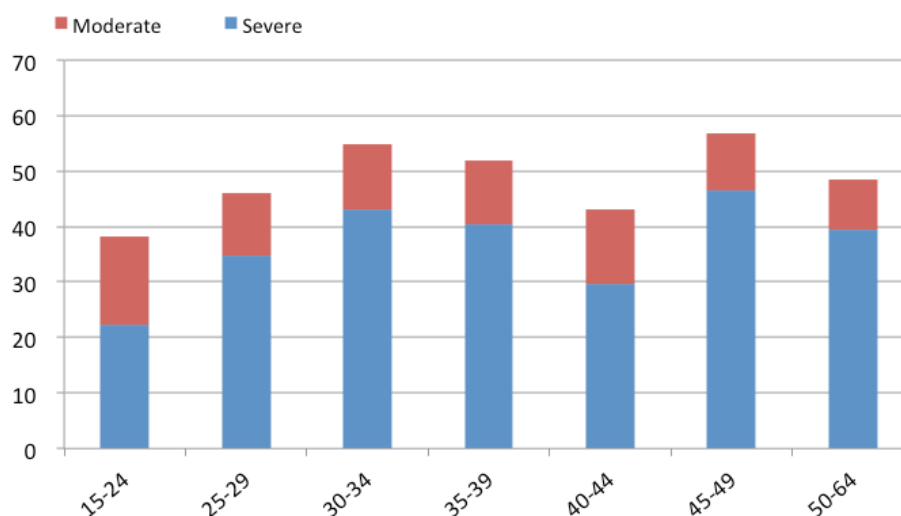
Experiences with physical partner violence and severity of the violence peak in the 30–34 year age range with another spike in the 45–49 year age range. This trend is consistent throughout the report with partner abuse but as discussed previously, there is no significant difference in reporting (Figure 4.6).

Debriefing sessions were held for the benefit of the team as their work involved taking in horrific tales of abuse. Not only was the team processing the life experiences of respondents, but they were, by the nature of the study, examining their own lives as well. Below are some stories from FHSS debriefing sessions. Names have been changed.

Regina was habitually late to work. One day she called to say that she would again be late as she had a flat tire. Two weeks later she explained to the group that she didn't really have a flat tire; her husband had been beating her the entire night. She did her work the day of the 'flat tire' while in severe pain from her beating. Regina listened to the stories of abuse while hiding her own because she believed in the power of the survey.

Debriefing Session Participant

Figure 4.6. Prevalence of lifetime moderate and severe physical partner violence, among ever-partnered women, by age, RMI 2012 (N=924)



Momi came to work with the imprint of a shoe on her cheek. The boyfriend had hit her with his shoe because she had dropped his sunglasses.

Debriefing Session Participant

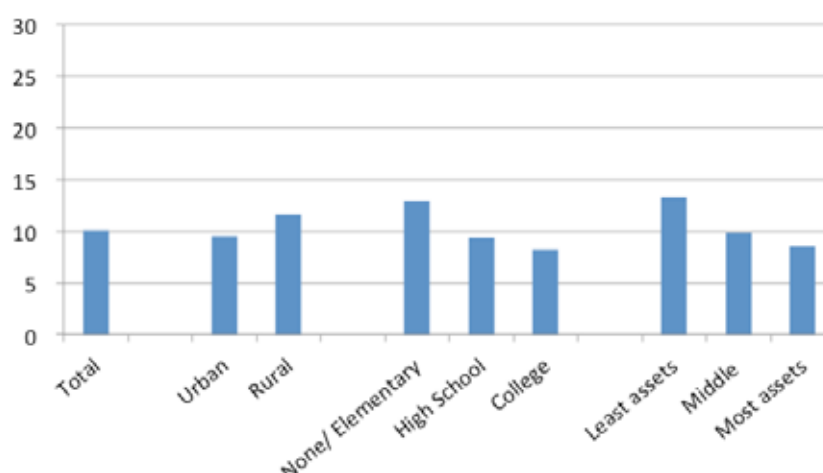
Frequency of physically violent acts

For those acts that occurred in the past 12 months, the respondents were asked how often they had happened: once, 2–5 times, or more than five times. Most of the abusive acts that women in the RMI have experienced in the past year have happened multiple times.

Physical violence in pregnancy

Violence in pregnancy is considered severe violence. It not only affects the woman, but it also puts the unborn child in danger. Questions on violence in pregnancy were put only to women who had been pregnant at least once in their life, which was the majority of women interviewed (90%). Of the ever-pregnant women (N = 853), roughly 10% had experienced violence during a pregnancy, with that number slightly higher in the rural outer islands (12%) than the urban areas (10%) (Figure 4.7).

Figure 4.7. Prevalence of violence during pregnancy, among ever-pregnant women, RMI 2012 (N=853)



Moreover, 41% of women who had ever been beaten during pregnancy were severely abused: they were punched or kicked in the abdomen. Overwhelmingly, 81% of women who were beaten in their most recent pregnancy reported that they were beaten by the father of the child. Of the women beaten during pregnancy by the same person before the pregnancy, 36% said the beating got worse during pregnancy, 37% said it stayed the same, and 27% said that it diminished.

The last time she left him was when she was pregnant with the youngest ... he beat her up until she was unconscious. She never returned to him after this incident.

Research Participant Account

Three research participants experienced miscarriages during the training stage of the project with one woman being hospitalized for one week. These instances were likely due to abuse during their pregnancies.

b. Sexual violence

Lifetime and current prevalence of sexual violence

It is more difficult for women to disclose experiences of sexual violence compared with experiences of physical violence, especially with regard to their intimate partner. The lifetime prevalence of sexual violence decreased with increased education (although this did not reach statistical significance) yet current sexual violence is nearly the same between the two groups and actually increases slightly with those having at least some high school education (Figure 4.8).

Her husband raped her. Then he brought in his friends and they raped her too.

Research Participant Account

Attitudes within an intimate partnership are further discussed later in this report but it should be noted here that many women feel that a woman must have sex with her husband, even if she doesn't want to.

Figure 4.8. Prevalence of sexual partner violence, among ever-partnered women, by education, relationship status and household assets, RMI 2012 (N=924)

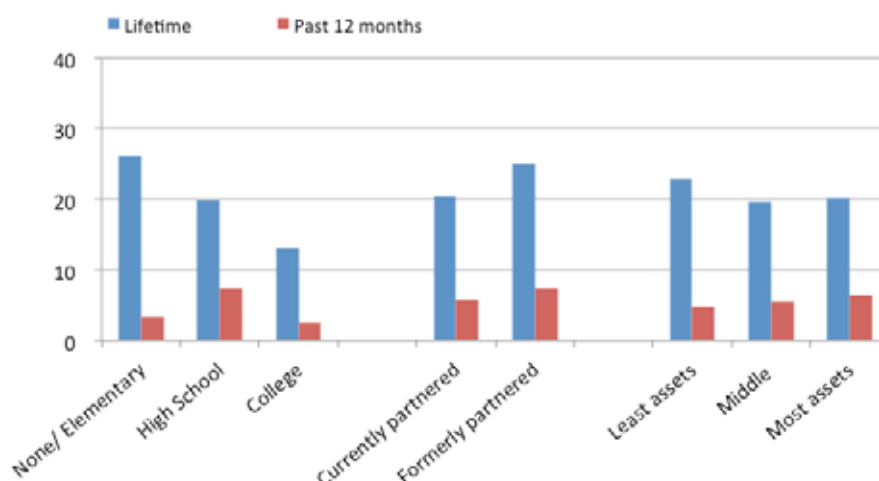
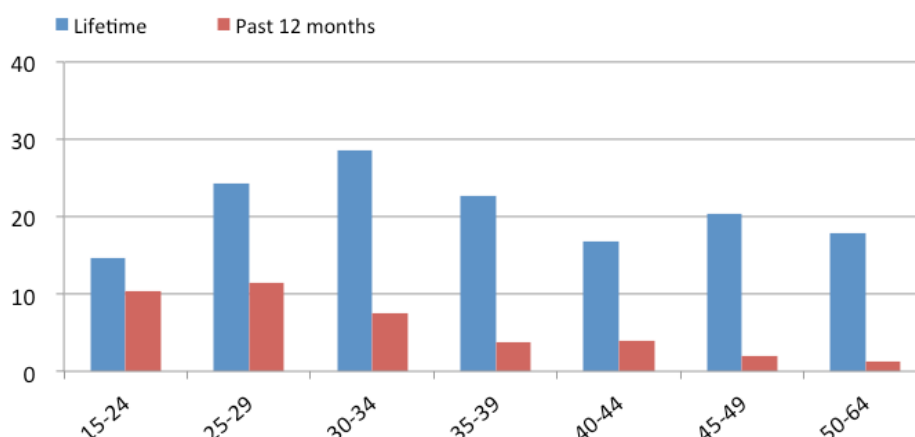


Figure 4.9. Prevalence of sexual partner violence, among ever-partnered women, by age, RMI 2012 (N=924)



Focus groups were conducted on the outer islands to gauge not only women's attitudes to and perceptions of VAW, but also to assess the understanding of their rights as women as well as to gain a glimpse into typical Marshallese partnerships. The following vignette is from one such focus group.

Researcher: Is it alright for a man to force sex on a woman?

All: No!

R: Can he force sex on his wife?

Emina: Yes, he has a right.

Jana: It is his choice because they are married.

For many in the focus group, it was the first time to question the nature of their sexual relationships. This was also the case with the FHSS team. The transformative process of the study began, for the field staff, during training. During the first week of training, it came to light that one research participant was being raped almost daily by her partner. Until her involvement in the project, she assumed that her situation was normal. She discussed the issue with her partner so that they could find a harmonious balance to their intimate relations.

As with lifetime physical partner violence, there is a peak in the prevalence of sexual violence in the 30–34 age range, suggesting that most women do not experience new violence as they age. There was no significant difference in the lifetime prevalence of sexual violence over the age groups. This is not the case with current sexual violence, where the numbers are highest for women under 30 years of age (Figure 4.9) suggesting that early partnerships are sexually violent in nature. There was a significant difference in the prevalence of current experience of sexual violence by age group ($X^2(6df) = 20.99, p = 0.02$).

Acts of sexual violence

The three different behavioral acts of sexual violence against a woman measured in the survey are: being physically forced to have sexual intercourse against her will; having sexual intercourse because she was afraid of what her partner might do; and being forced to do something sexual that she finds degrading or humiliating.

More than 20% of women in the RMI have experienced sexual violence by a partner in their lifetimes and 6% are currently experiencing sexual violence by her partner. The most common act of sexual violence was physically forced intercourse (19%), followed by coerced sex out of fear of what the partner might do if refused (13%), and forced to perform degrading or humiliating sexual acts (8%). Prevalence was nearly identical in urban and rural areas.

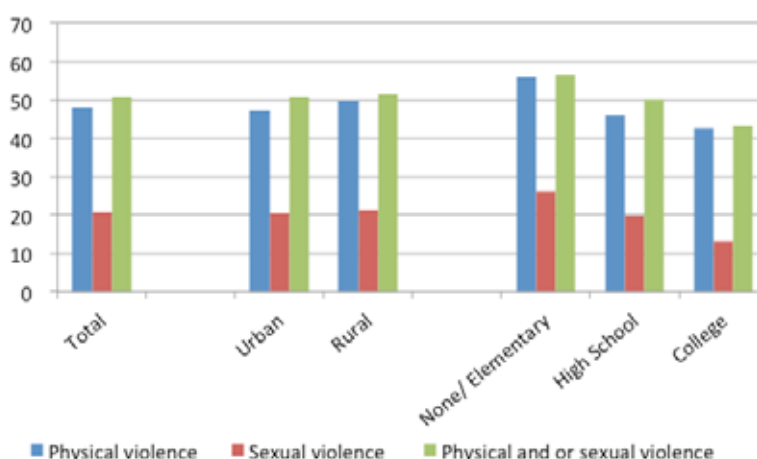
Frequency of sexually violent acts

The husband before used to force her to have sex with him even right after she has given birth to the babies and all the seven pregnancies she had. She said those times, she cannot do anything. She was just discharged from the hospital and she's really weak ... she let him do what he wanted. She just cried and cried because she cannot do anything ...

Research Participant Account

With regard to sexually violent acts that occurred in the past 12 months, respondents were asked how often they occurred: once, 2–5 times or more than five times. Most acts, if they occurred, happened more than once (usually 2–5 times) in the past 12 months (Table 4.2).

Figure 4.10. Prevalence of lifetime physical and/or sexual partner violence, among ever-partnered women, by urban/rural and education, RMI 2012 (N=924)



Valuable insight into the nature of relationships was gleaned from the research participants and outer island focus groups. Many stories of intimate relationships came forth during training and debriefing sessions. The FHSS begins its work as an intervention (discussion in chapter 13) from the beginning of training and into the field as field staff examined their own experiences and communities begin to break the silence around family violence.

Attitudes toward power structures in relationships are further examined in Chapter 6.

c. Physical and/or sexual violence as a main indicator for partner violence

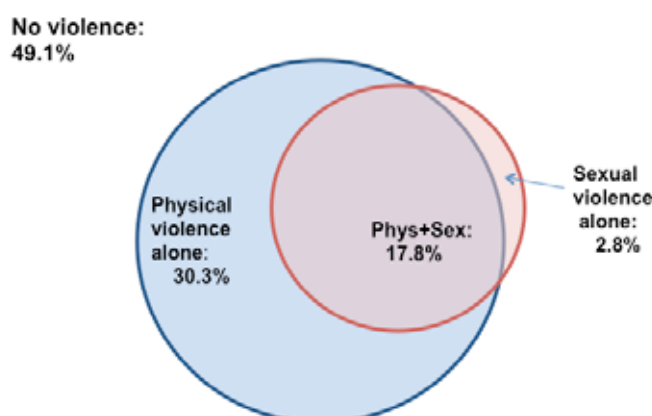
The prevalence of physical and/or sexual violence is commonly used as an indicator for partner violence in comparative research.⁶⁴ It makes sense to combine physical and sexual violence because the types often occur together and are perpetrated by the same person. The experience with international surveys resulted in tested questions

for measuring physical and sexual partner violence with reasonably accurate validity and reliability.

Emotional abuse is not considered less important but it is methodologically more difficult to measure. Further, because researchers often prefer to be on the conservative side so as not to be accused of exaggerating the problem, emotional abuse is usually not combined in the “standard measure” for measuring partner violence around the world.

Nationwide, the prevalence rate for lifetime physical and/or sexual violence is astonishing at 51% and equally astonishing, experiences in the urban and rural areas are nearly identical. Even more striking is that women with little or no education are suffering the most violence at 57% (95%CI = 48–65%), while those with at least some high school education (50%, 95%CI = 45–56%) and at least some college (43%, 95%CI = 34–53%) are still experiencing violence in incredibly high numbers (Figure 4.10). Yet the prevalence of current sexual violence experience showed no significant difference associated with the level of education achieved.

Figure 4.11. Overlap of lifetime prevalence of physical and sexual partner violence, among ever-partnered women, RMI 2012 (N=924)



⁶⁴ C Garcia-Moreno, HAFM Jansen, M Ellsberg, L Heise, C Watts. (2006) Prevalence of intimate partner violence: findings from the WHO Multi-country Study on Women's Health and Domestic Violence against Women. Lancet, 368:1260–69.

Physical and sexual violence by intimate partners overlap to quite a large extent (Figure 4.11). Nationwide, nearly 3% of women reported having experienced sexual violence only (i.e. without having experienced physical violence) and roughly 30% of women reported having experienced physical violence only (i.e. without having experienced sexual violence). About 20% of women had experienced both physical and sexual violence. This extreme overlap shows that nearly all women who have experienced sexual violence also experienced physical violence. This overlap is quite high compared to other countries.

Qualitative results support the quantitative data showing overlap in physical and sexual violence by a partner.

He didn't want her to leave him so he locked her up in a room. He said that she couldn't leave him if she was pregnant so he raped her and beat her. She finally was able to get out and went to stay with a friend.

Research Participant Account

d. Emotional abuse

Prevalence and acts of emotional abuse

Emotional abuse is not less important than physical or sexual violence and women often report that it affects them even more than physical or sexual violence. However, as already mentioned, emotional abuse is more difficult to measure in a

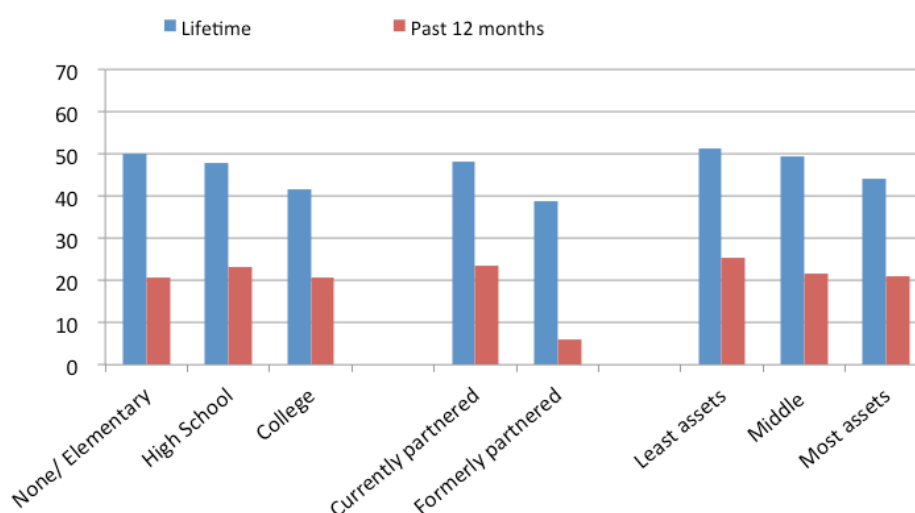
survey. Emotional abuse can be very context specific, unique to the intimate relationship and may overlap with the concept of 'coercive control'.⁶⁵ As with physical and sexual violence, emotional abuse was measured by questions on emotionally abusive acts, though it was not intended to be an exhaustive list of acts.

The specific acts included in the questionnaire were being insulted or made to feel bad about oneself, being humiliated or belittled in front of others, being intimidated or purposely frightened (e.g. by a partner yelling and smashing things), and being threatened with harm (either directly or in the form of a threat to hurt someone the respondent cared about).

The lifetime prevalence rate of emotional abuse against women by a partner is 48% and of current emotional abuse is 22%. As with physical and sexual abuse, the prevalence is nearly identical in both urban and rural areas. The most commonly mentioned emotionally abusive act was threats to hurt her or someone she cared about (34%), followed by scaring or intimidating her (33%), insulting her (32%) and belittling or humiliating her (17%) (Figure 4.12).

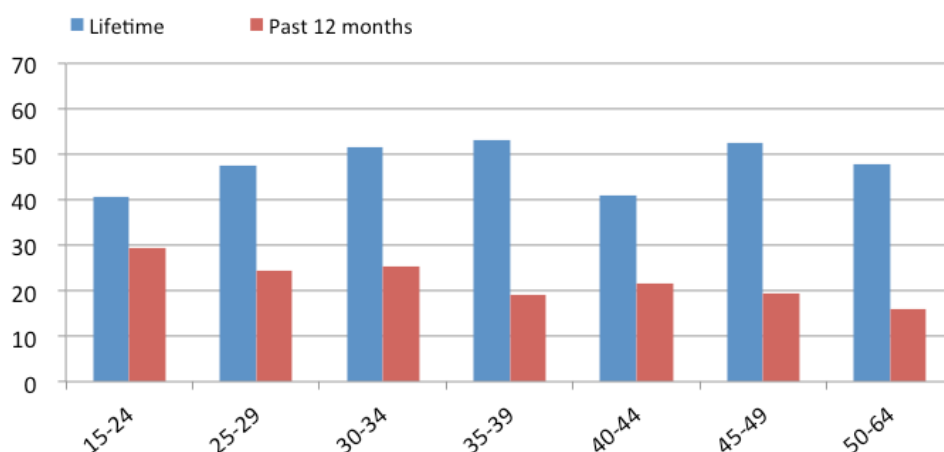
With the exception of formerly partnered women, the current experience of emotional violence is consistent across all groups of women regardless of their education level or socioeconomic status (Figure 4.12). Likewise, both lifetime and current prevalence is consistent through most age groups (4.13).

Figure 4.12. Prevalence of emotional partner violence, among ever-partnered women, by education, relationship status and household assets, RMI 2012 (N=924)



⁶⁵ AJ Towns, H Scott, (2013). 'I couldn't even dress the way I wanted.' Young women talk of 'ownership' by boyfriends: An opportunity for the prevention of domestic violence? *Feminism and Psychology*, 23(4), 536–555.

Figure 4.13. Prevalence of emotional partner violence, among ever-partnered women, by age, RMI 2012 (N=924)



Frequency of emotionally abusive acts

Women were asked how often violent acts occurred in the past 12 months. They mostly occurred more than once, that is between two and five times or more than 5 times, indicating that they are not just “incidents” but part of a continuous pattern of behavior (Table 4.10).

When we would leave the house together, I couldn't look around – only look at the ground. He told me that if I looked around or at anyone, he would beat me when we got back home. For many years, I would only look at the ground. I was so scared of him. He didn't trust me and wouldn't let me go to the bathroom during the day. I could only go to the bathroom in the morning before the sunrise and at night after sunset.

Survivor Account

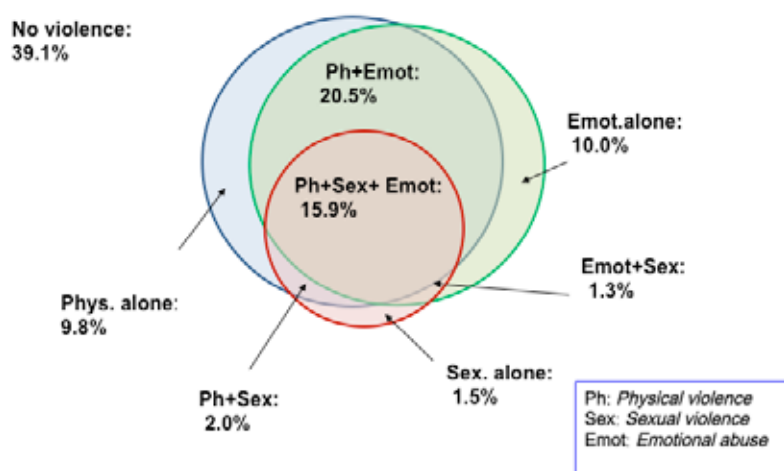
e. Overlap of physical, sexual and emotional violence by partners

More than 60% of women in the RMI have experienced at least one of the three types of violence explored in this survey (physical, sexual, emotional). Figure 4.14 shows the alarming overlap of violence where 16% of women have experienced all three types of partner violence simultaneously.

f. Controlling behaviors

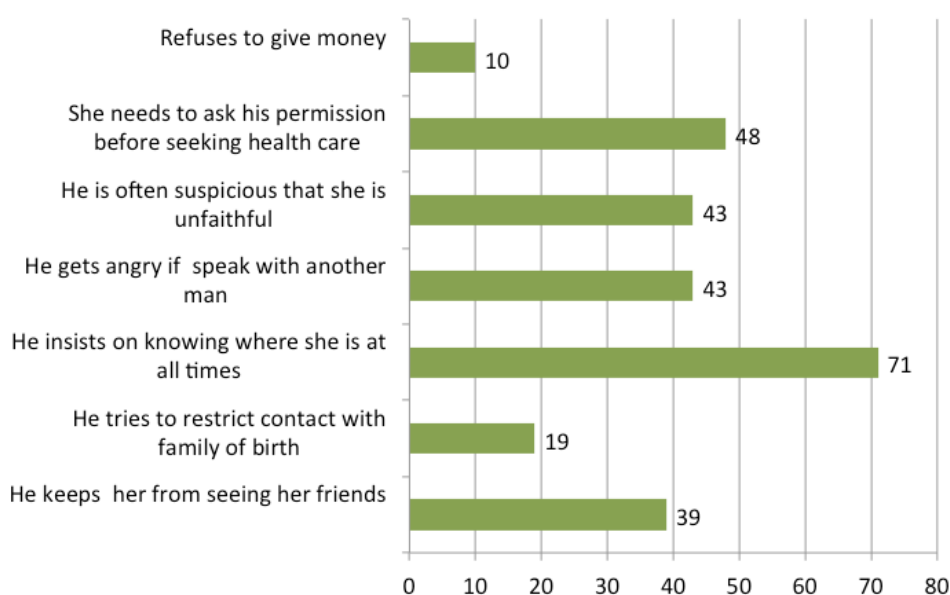
This survey also collected information on a range of controlling behaviors by a respondent's partner. In this study, controlling behaviors are not included in the computation for emotional violence (to ensure comparability with other countries that used the WHO Study questionnaire). Many researchers see controlling behaviors as a risk factor for partner violence, while some others consider controlling behaviors as part of emotional violence.⁶⁶

Figure 4.14. Overlap of lifetime prevalence of physical and sexual violence and emotional abuse by partners, among ever-partnered women, RMI 2012 (N=924)



⁶⁶ P Gulliver, JL Fanslow. (2014, in press). The Johnson typologies of intimate partner violence: an investigation of their representation in a general population of New Zealand women. Journal of Child Custody.

Figure 4.15. Prevalence of controlling behaviours by partners, among ever-partnered women, RMI 2011 (N=924)



Nearly 80% of women have experienced at least one type of controlling behavior. Among the most reported controlling behaviors measured were: whether he insists on knowing where she is at all times (71%); she needs to ask his permission to seek health care (48%); often suspicious that she is unfaithful (43%); whether he gets angry if she speaks to other men (42%); whether the partner or husband commonly attempts to restrict a woman's contact with her family or friends (39%) (Figure 4.15).

In rural areas more than 75% of women report that their partner insists on knowing where she is at all times versus 69% of women in urban areas; 23% of women in rural areas say that their partner limits contact with her birth family versus 17% of women in urban areas; 47% of rural women say their partner keeps her from seeing friends versus 36% in urban areas. It is important to keep in mind previous discussion on the overlap of physical, sexual, and emotional violence and the difficulty in disentangling the various types of violence. Though the numbers are high in both areas, it is particularly disturbing that women in rural outer islands face these controlling partner behaviors more than their urban peers, as services and support on outer islands are severely lacking. Most outer islands communicate by radio, have irregular boat and plane transport, and have only basic health services.

Women in the RMI are not only experiencing emotionally abusive acts but are also experiencing controlling behaviors by their partners.

Traditionally, the man would go to live with his new wife's family, which offered the woman protection. This custom is no longer the norm; many women live with the husband and his family (often on distant atolls or islands) or as a couple

living as a small nuclear family. With the traditional measure of protection diminished, women are vulnerable to abusive and controlling behaviors.

Many women on the outer islands do not take issue with behaviors that are considered controlling, such as the partner wanting to know where she is at all times or not wanting her talking to another man. The general response was that if the partner knows where she is and if she doesn't talk to other men, their relationship will be harmonious because he won't be jealous. The focus group participants did discuss the possibility that women may 'cause' many men to be suspicious of their partner. These attitudes are echoed in the analysis of data in the section of the RMI FHSS regarding attitudes toward power balance in relationships.

g. Economic abuse

All women, regardless of their status as a self-earner, were asked a series of questions to gain understanding of their experiences with economically abusive partners. This revealed that more than one out of every four women had experienced economic abuse by their partner. Nearly 12% of women had money that they had earned or saved taken away, and 21% of respondents said that their husband had refused to give them money for household needs. Very little difference was seen in the responses from urban and rural areas.

Few differences in experiences with economic abuse were seen in women of differing education levels: 29% (95%CI = 24–35%) of women with an elementary education (or less) experienced at least one act of economic abuse versus 30% (95%CI = 23–38%) of women with at least some college education.

To understand a woman's financial autonomy participants were asked if, in a short amount of time, they would be able to raise enough money to support their families for four weeks. Slightly more than half (55%) of respondents said that they could support their families for the short term.

h. Violence in retaliation

Even though this study is about violence against women, in the survey women were asked whether they had ever been violent toward their husbands. This was done in two ways. Firstly, women were asked if they ever hit their husband first (i.e. whether they initiated physical violence without being beaten) and secondly, women were asked if they had ever hit their husband in retaliation to physical partner violence ("fighting back"). It is important to present the results to both these questions side to side for understanding the dynamics of partner violence.

Survey results show that among the 20% of women who initiated violence against their partner, the majority of instances occurred only once (54%). The questionnaire did not probe for information surrounding the instances of women initiating violence and the question of 'fighting back' or initiating physical violence against the partner was asked only of women who had experienced violence.

Most women (55%) reported that they never fought back, and this percentage was slightly higher on the outer islands (59%). Of women who reported physical partner violence, 21% fought back several times. Among those who ever fought back because of physical partner violence, 13% (15% urban, 6% outer) reported no change in the level of physical violence they experienced; 19% (19% urban, 21% outer) reported that the violence became worse; 40% (39% urban, 42% outer) reported that violence became less; 29% (27% urban, 32% outer) reported that violence stopped. These figures are discussed further in this report.



7. Violence against women by others (non-partners)

Main findings

- One out of every three (33%) of women in the RMI has experienced physical violence in their lifetime since the age of 15, perpetrated by someone other than a partner.
- Roughly half of these women reporting non-partner physical violence (17%) experienced injuries from the abuse.
- Most of the perpetrators were female family members (24%) and male family members (20%).
- In the RMI, more than 10% of women have, since the age of 15, experienced sexual violence by a non-partner.
- More non-partner sexual violence occurs in the urban areas, with the highest numbers reported in the 30–34 age category (15%), closely followed by 15–24 year olds (14%).
- Nearly 11% of respondents experienced childhood sexual abuse before the age of 15, with most acts occurring between the ages of 10 and 14 years at the hands of a male family member.
- Some 68% of all respondents have experienced physical and/or sexual violence inflicted by a partner or non-partner.

While the main focus of this research is on violence by intimate partners or husbands, the survey questionnaire also included questions about a woman's experiences of physical and sexual violence by other perpetrators, here referred to as "non-partners", either male or female. These questions were

asked of all women, regardless of whether they had ever been partnered.

In a study on domestic violence it is critical to explore violence by other perpetrators because this enables identifying forms of domestic violence against women by other family members. Further, exploring non-partner violence provides an opportunity to determine how important domestic violence and partner violence against women is in comparison to other experiences of interpersonal violence in a woman's life.

This chapter presents the results about the extent of non-partner physical and sexual violence against women from age 15 years onwards and the experience of sexual abuse before that age. When looking at these figures in conjunction with the risk factor analysis (Chapter 5), we see a very vulnerable population in need of sustainable interventions.

a. Physical violence by others since age 15

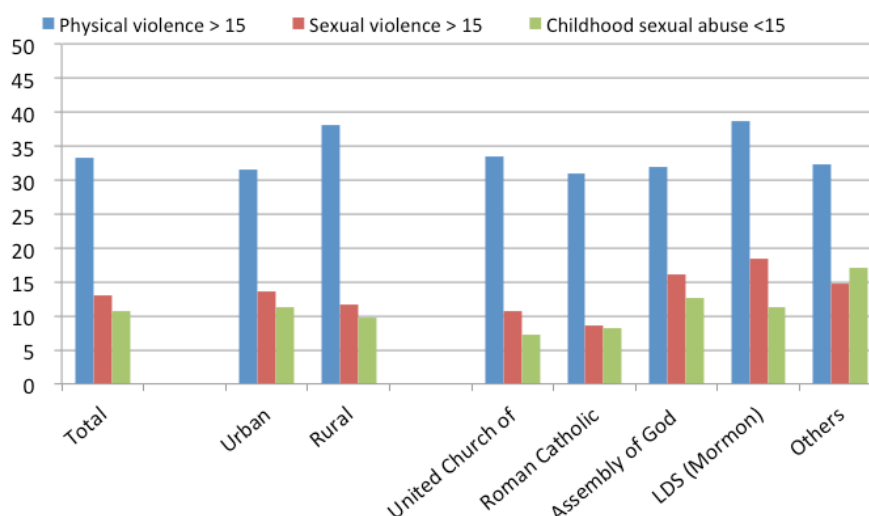
Prevalence and frequency of non-partner physical violence

One out of every three (33%) women in the RMI disclosed that they had experienced physical violence by a non-partner at least once in their lifetimes. This rate remained consistent across all religious affiliations, education levels, ages, and socioeconomic status.

Prevalence was significantly higher in rural areas (38%, 95%CI = 35–42%) than in the urban setting (32%, 95%CI = 28–36%) (Figure 5.1). There was no significant difference in the prevalence of non-partner physical violence by religious affiliation.

Most of the violence was from one perpetrator (20%) with the majority of those instances being at the hands of female family members (24%) followed by male family members (20%). Nearly all perpetrators were mothers/stepmothers or fathers/stepfathers.

Figure 5.1. Prevalence of non-partner violence, among all interviewed women, by urban/rural and religion, RMI 2012 (N=947)



Perpetrators of non-partner physical violence since 15 years old

The recently launched RMI/UNICEF Child Protection Baseline Research (CPBR) project shows that corporal punishment is widely used to discipline children. Though the Education Act (RMI PL1991-125) bans corporal punishment in the schools, many teachers and parents do not fully understand what constitutes physical abuse.

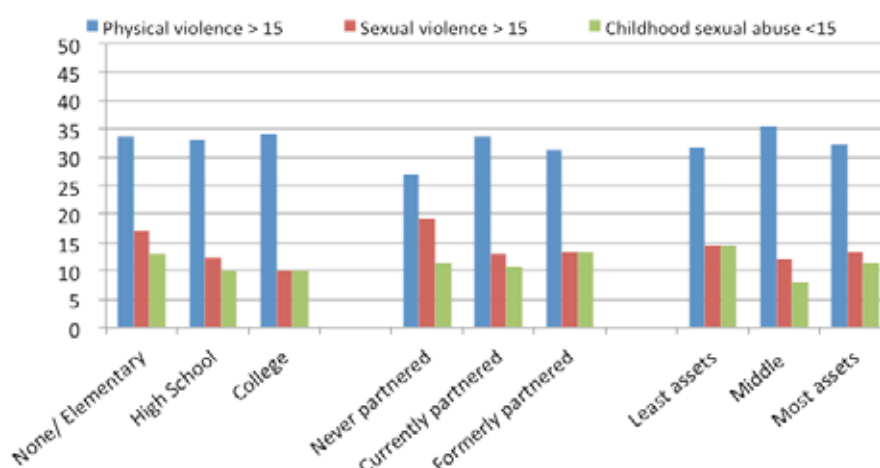
A focus group was conducted with teachers who were all Pacific Islanders, mostly Marshallese. The discussion developed with regard to corporal punishment in school and at home. One participant noted:

You just don't understand. You have to smack your kids to make them learn, to make them respect you.

Focus Group Participant

Adults are also subject to a degree of violence within the house that constitutes Domestic Violence (DV). Recently, a young woman approached the WUTMI offices for assistance in a domestic matter. She had been to the police several times to file complaints against her brother and his children. Claiming her brother had abused her verbally and physically, she requested his removal from their home, only to be told that because it's a family home she needed the landowners' involvement to remove the brother from it. When she visited the police station with a WUTMI advocate and asked if the DVPPA could protect her, the detective said no, because it's her brother not her husband. This incident illustrates the limits to full compliance, as those charged with implementing the law do not fully understand the law and their role in upholding it. The detective handling the case was frustrated and had confronted the brother and warned him that if the abuse didn't stop he would beat him up himself.

Figure 5.2. Prevalence of non-partner violence, among all interviewed women, by education, relationship status and household assets, RMI 2012 (N=947)



b. Sexual violence by non-partners since age 15

Survey participants were also asked if, since they were 15 years old, they ever had been forced to have sex or to perform a sexual act when they did not want to, by anyone other than an intimate partner. Overall, 13% of women said they had experienced non-partner sexual violence in their lifetimes. This number was slightly higher in urban areas (14%, 95%CI = 10–18%) versus rural areas (12%, 95%CI = 9–15%) though this difference was not statistically significant. Consistent, non-significant decreases in non-partner sexual violence were apparent with increased education.

Most women experienced forced intercourse (rape) once by any one perpetrator (5%) but many were assaulted a few times (3%, N = 30) or many times (2%, N = 23) by any one perpetrator. Roughly 7% of women disclosed they had experienced attempted intercourse or other unwanted sexual acts.

Most perpetrators were male family members or other males, including acquaintances and complete strangers. Six women had experienced forced intercourse by a female family member and 3 had experienced forced intercourse by other females (including a co-worker).

It must be recognized that at least one woman had been raped by a male religious leader, another by a male policeman, and another disclosed sexual assault by a male doctor/health staff. This is significant as women have very few resources outside of the family to seek assistance and three main community support systems harbor sexual predators.

She disclosed that she had been beaten and raped since before she was married and now her husband also did that to her. I didn't know how to help her so I asked if she could go to the police. She said her husband was a policeman. I asked if she could go to the church. She said her husband was a deacon. I felt so helpless because I couldn't help her and there was nowhere for her to go.

Research Participant Account

c. Sexual abuse in childhood before age 15

Women were asked whether anyone had ever, before they were 15 years old, touched them sexually or made them do something sexual that they did not want to. Because of the high sensitivity of the issue, a two-stage process was used,

first allowing women to report childhood sexual abuse during the interview, and second, to report this anonymously. For this second stage, the women were asked again at the end of the interview about sexual abuse before the age of 15. The wording of the question was the same, but rather than making a revelation directly to the interviewers, the respondents were asked to mark their answers on a card that had a pictorial representation for "yes" (a sad face) or "no" (a happy face). After the woman had picked one of the faces, the card was placed in an envelope and sealed.

Since for many women, it is difficult to disclose their experiences with childhood sexual abuse, it is not surprising that the face card unearthed higher rates of sexual abuse than did the interview. Studies in other countries have shown that in many contexts more women disclose childhood sexual abuse when they are provided with a method by which they do not have to reveal this directly to the interviewer.⁶⁷ The percentage of respondents reporting sexual abuse before they were 15 years old is 2%. Using both methods (direct interview and face card) resulted in an overall prevalence rate for childhood sexual abuse of 11% (Table 5.5, Figure 5.1).

Of the 2% of women who disclosed child sexual abuse (N = 24), most occurred once or twice between the ages of 10 and 14. The perpetrator was mostly a male family member and one woman reported being sexually assaulted by a male teacher. Sadly, the data show a proportion of women sexually abused between the ages of 5 and 9. These figures are only from the 2% of women who responded to the interview questions; specific details for women who disclosed their experiences via face card are not available.

The stepfather always raped her. One time he cut her with a knife. Now she is older and has pain when she has sex. She is still scared of her stepfather and said that he also raped another.

Research Participant Account

d. Forced first sex

Respondents who reported ever having had sex were asked at what age they had their first sexual intercourse. To explore the degree to which the first sexual experience was fully voluntary, the women were asked whether they would describe this experience as something that they had wanted to happen, that they had not really wanted to happen but that happened anyway (coerced), or that they had been forced to do.

⁶⁷ C Garcia-Moreno, HAFM Jansen, M Ellsberg, L Heise, C Watts. (2005). WHO Multi-country Study on Women's Health and Domestic Violence against Women. Initial results on prevalence, health outcomes and women's responses. Geneva, World Health Organization.

Figure 5.3. Nature of first sexual experience among interviewed women who ever had sex, RMI 2012 (N=926)

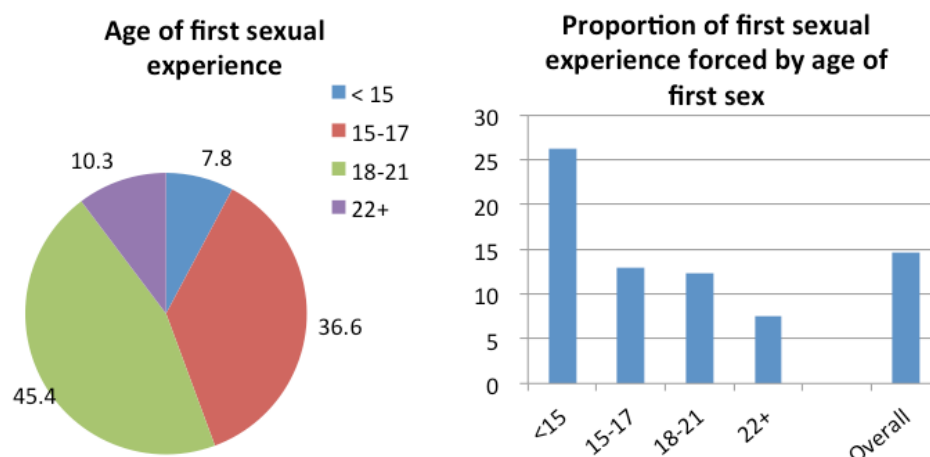


Figure 5.3 shows that almost one in five women had their first sexual experience by the age of 17, while the majority of respondents had their first sexual experience between the ages of 18 and 21. Overall, 15% of women were forced into their first sexual experience, the highest number being those who were younger than 15 (26%) followed by those 15–17 (13%). Consistent with other studies, the data show the younger a woman was at the time of her first sexual experience, the greater the likelihood that her sexual initiation was forced (Figure 5.3).

e. Comparison of partner and non-partner violence since age 15

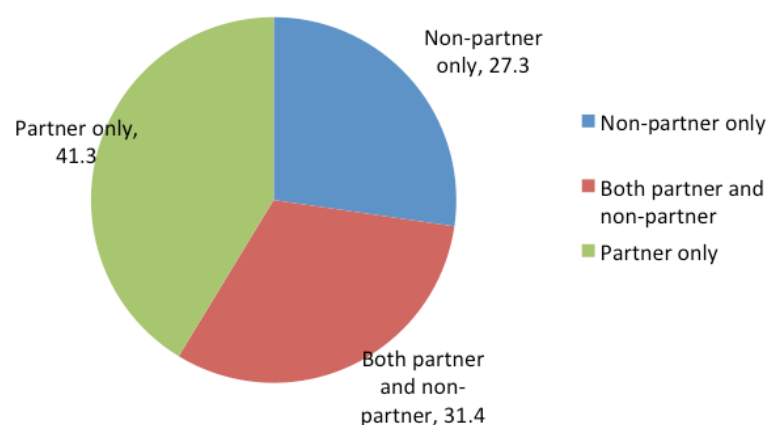
A common perception worldwide is that women are most at risk of violence from people they hardly know rather than from people they know well. To test this idea, a measure of overall

prevalence of physical or sexual violence, or both, since 15 years old, regardless of the perpetrators, was compiled for all respondents in the study, whether they had ever been partnered or not (Figure 5.4). The aggregate data indicate that 68% of women in the RMI have experienced physical or sexual violence in their lives at the hands of a partner or non-partner.

This data allow comparing the relative proportions of women experiencing violence by partners and non-partners.

The data set speaks for itself. The fact is that of those who experience violence, the majority experiences the violence at the hand of their partner. More than two-thirds of all women interviewed have experienced partner or non-partner violence. This figure shows the extent of the impact VAW has on families and communities and the stress placed on already weak healthcare systems and economies.

Figure 5.4. Frequency distribution of partner and non-partner physical or sexual violence, among women reporting such abuse since the age of 15 years, RMI 2012 (N=947)



8. Attitudes and perceptions about gender and partner violence

Main findings

- Roughly half of currently partnered women agree with the statement, "A man should show he is the boss."
- Nearly the same percentage believes that a good wife obeys her husband even if she disagrees.
- A majority of women believe that a man has the right to "discipline" his wife by beating her if she doesn't complete her housework, if she disobeys him, or if she has been unfaithful.
- More than half (53%) of all ever-partnered women who have experienced physical and/or sexual abuse feel that a wife is obliged to have sex with her husband.
- A startling 83% of young women aged 15–24 agreed with multiple statements justifying a man's reasoning for hitting his partner.
- An even more alarming 88% of women disclosing physical or sexual partner violence agreed with multiple statements justifying a man's reasoning for hitting his partner.

The survey included questions intended to assess gender attitudes to violence against women. There were also questions to determine the circumstances under which women considered it acceptable for a husband to hit his wife and to determine the circumstances when a woman may refuse to have sex with her husband. The questions were asked of all respondents, whether they were partnered or not. This chapter summarizes the results.

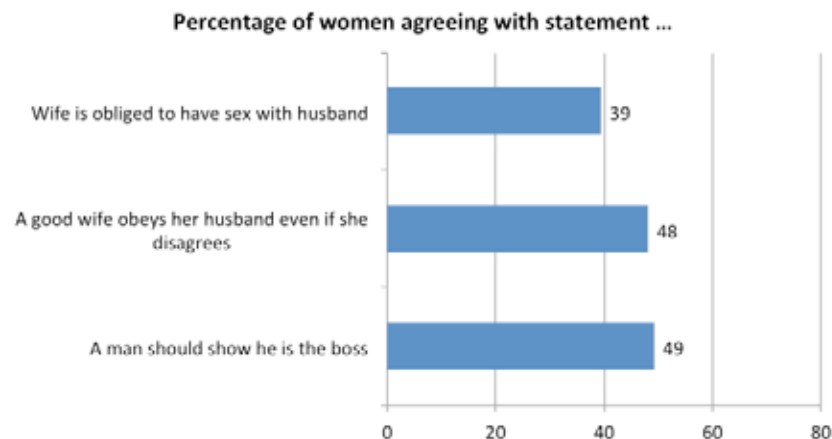
a. Women's attitudes towards gender roles and violence

Women's attitudes towards gender roles

Though the RMI is a predominantly matrilineal society,⁶⁸ FHSS data show that a majority (66%) of those surveyed report the man to be head of household. Likewise, nearly 50% of respondents believe that a man should show that he is the boss (Table 6.1 and Figure 6.1). Almost half (48%) of women agree that a 'good wife' obeys her husband even if she disagrees and 40% of women feel they are obliged to have sex with their husband. These percentages decrease with increased education but still more than one-third of college-educated women hold gender attitudes that place men clearly in positions of power.

⁶⁸ Land rights, chiefly titles, clan and kinship affiliations are passed through the woman (the exception to this ideology being Enewetak Atoll).

Figure 6.1. Attitudes towards power relations between husband and wife, among all interviewed women, RMI 2012 (N=946)



Focus groups yielded information consistent with quantitative data; however, some younger women gave insight into changing dynamics and awareness of a more equalized relationship.

When we first married, my husband said that he would know that I love him if I do what he tells me: sit down when he says sit down, serve him food when he asks, those kinds of things. We talked about helping each other and being more equal. It's not perfect now but I think a lot better.

Focus Group Participant

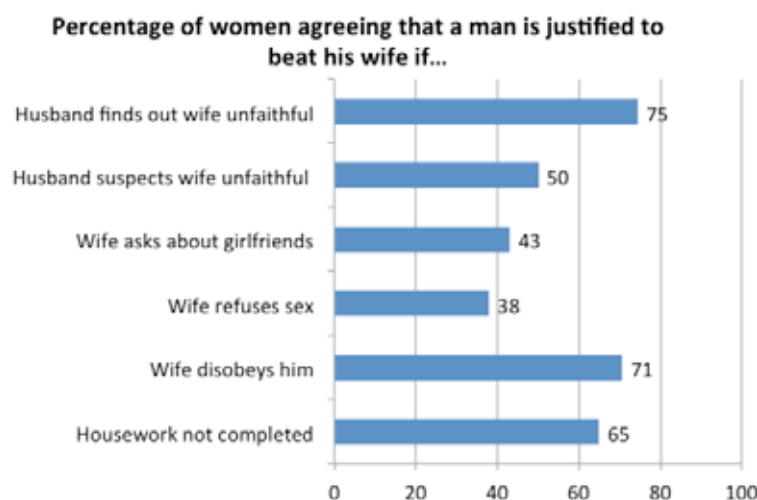
Women's attitudes around justifications for a man to beat his wife

To explore women's attitudes towards physical partner violence and whether such behavior is a norm, a series of questions was designed to identify situations under which respondents considered it acceptable for a man to hit or mistreat his wife.

Table 6.2 and Figure 6.2 show the percentages of women who believe that a man has the right to beat his wife under the following circumstances: if she does not complete her housework (66% of the respondents); if his wife disobeys him (71%); if his wife refuses sex (38%); if his wife asks about his girlfriends (43%); if the husband suspects that his wife is unfaithful (50%); if the husband finds out that his wife is unfaithful (75%). The variation in these percentages shows that far from rejecting the legitimacy of VAW, women accept it, even finding some reasons for being beaten more valid than others.

While these percentages are significantly different between women of different education levels (76%, 95%CI = 68–83% of elementary educated women believe a man can hit if the wife disobeys him versus 51%, 95%CI = 41–61% of tertiary educated women), the fact remains that an overwhelming majority feel that a man is justified in beating his wife.

Figure 6.2. Attitudes towards a man's right to beat his partner, among all interviewed women, RMI 2012 (N=947)



It should be noted that 15% of women did not agree that any of these reasons justify abuse. However, it is alarming that 83% of the youngest population in the sample (age 15–24, 95%CI = 74–89%) agree with one or more reasons to justify abuse. This percentage peaks at the 40–44 age bracket with more than 90% (95%CI = 86–94%) of women justifying partner violence but these differences were not statistically significant. In addition, there are no differences between the urban and rural areas.

One particularly lively focus group comprising women between the ages of 39 and 49, all of them having between 3 and 13 children, discussed what acts constitute violence. Diyanna,⁶⁹ aged 44, did not feel that slapping or pushing constituted violence. She agreed with her friend Helina, also aged 44, that a man has a right to 'discipline' his wife.

Women's attitudes around reasons for a wife to refuse sex with her husband

While most women believe that a man has a right to hit in different situations, more women disagree that a man can force sex on his wife. Yet only 57% of women believe they can refuse sex if they don't want to have sex (Table 6.3 and Figure 6.3).

More than 10% of women said that they do not have a right to refuse sex if married, which is supported by focus group data discussed in earlier chapters. There is no significant difference with regard to strata, education, age, partnership status, or household assets. Of those women who did not agree that a woman can refuse sex with her partner, there is a difference between those women who did not report partner violence (15%) and those who have experienced partner violence (6%).

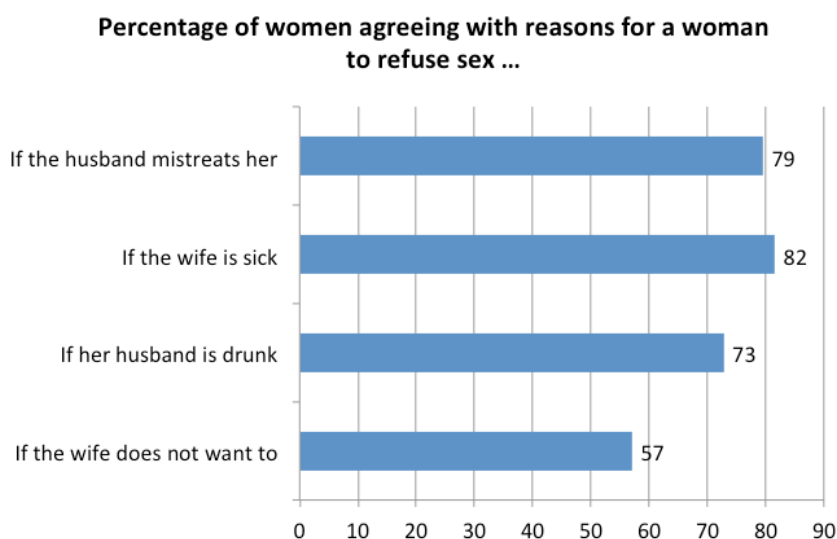
Associations between attitudes and partner violence

The results about several of the attitudes were analyzed further to determine any difference in attitudes between women who have experienced physical or sexual partner violence and women who have never experienced partner violence (Tables 6.1–6.3).

First, 37% (95%CI = 33–41%) of women who have experienced physical or sexual violence agreed with the statement, 'The wife is obliged to have sex with the husband' compared to 44% (95%CI = 38–52%) for those who have not experienced violence (this difference was not statistically significant). Second, for the statements 'a good wife obeys her husband even if she disagrees', 'a man should show he is the boss', and 'a man is justified to hit his wife if she asks about his girlfriends', there was no difference between women with or without experience of violence. More than 74% (95%CI = 70–79%) of women who experienced violence versus 60% (95%CI = 55–64%) of those who did not experience violence agreed that a man is justified in hitting his wife if she did not complete her housework (the difference between the groups was significantly different – $\chi^2(1df) = 22.1, p < 0.001$). Likewise, 80% (95%CI = 75–83%) of women disclosing violence compared to 66% (95%CI = 61–70%) who did not disclose violence agreed that a man is justified in hitting if his wife disobeyed him ($\chi^2(1df) = 22.0, p < 0.001$).

These attitudes show that abuse has been normalized and legitimized by both men and women and those women have internalized a subordinate role in this largely matrilineal society. As one key informant mentioned, cultural values are not being translated into practice.

Figure 6.3. Attitudes towards a woman's sexual autonomy, among all interviewed women, RMI 2012 (N=947)



⁶⁹ Names have been changed.

As part of gender sensitivity training within the field researcher training program, Marshallese cultural attributes were analysed and discussed in relation to use in modern culture and how these attributes affect or determine relationships (familial, friends, significant others). Interestingly, most of the potential field researchers had never evaluated the impact of such attributes as:⁷⁰ *jined kiped* (a mother is like a rudder that steers her family), *kora jeltan bwij* (a woman has the power to fracture kinship relations), *momman kaimok raan* (a man rises early in the morning to provide for his family), and *jemed im jeman ran jet* (a man can be the father of many). All of the participants knew the meanings of these attributes but did not necessarily apply the meanings to their lives.

b. Perceived causes or triggers of partner violence

Reasons for violence as reported by the women in the survey

The 445 women who had experienced physical partner violence were asked about the context preceding violent incidents. Forty-seven percent of these women reported that their partners acted out of jealousy. Other main reasons mentioned were drinking (37%); no particular reason (17%); the woman was disobedient (15%); to educate or discipline the woman (12%) (Table 6.4).

c. Women's perceptions of causes of violence

Women who reported violence were asked about situations that may have precipitated the violent acts. Urban areas and outer Islands showed differences but in both, the main reason for violence was kamo, or jealousy (44% urban, 53% outer). Alcohol was a larger factor in urban areas (41%) than outer islands (29%).⁷¹

A significantly higher number of women in outer islands (26%, 95%CI = 19–32%) said the violence was a means to educate or discipline versus 6% (95%CI = 4–9%) of women in urban areas who said the same ($\chi^2(1\text{ df}) = 35-0$, $p < 0.001$).

⁷⁰ Many attributes were explored. For brevity, only a few are listed here.

⁷¹ It should be noted that alcohol is illegal on the Outer Islands but many brew their own liquor using toddy or yeast.



9. Impact of partner violence on women's health and wellbeing

Main findings

- Around 39% of women who experienced physical and sexual partner violence, reported having been injured at least once.
- Geographic area, education, and socioeconomic status did not have a bearing on a woman's experience with violence-related injuries.
- A disturbing 21% of respondents had ever been injured due to partner violence. Even more disturbing, though 12% had lost consciousness, only 10% stated they had ever been hurt enough to need health care.
- Though most women did not report their injuries, 68% of those who had received health care for their partner violence related injuries said they told the health worker about the real cause of injury.
- The most common injuries reported were scratches, abrasions, and bruises (72%); cuts, punctures, and bites (47%); broken ear drum, eye injuries (34%); sprains, dislocations (24%).
- Of women who experienced physical or sexual partner violence, 35% said that their experiences with violence greatly affected their health and wellbeing.
- Almost all (95%) of those women who had experienced physical and/or sexual violence had ever been pregnant.
- Of women who had experienced violence during pregnancy, 31% had ever had a miscarriage.

- Of all ever-partnered women who have ever had sex (N = 913), only 19% are currently using a method to prevent or delay pregnancy.
- Of all women with a live birth in the past 5 years, 47% had not wanted the pregnancy (unwanted or mistimed pregnancy).
- More than 25% of women with a live birth in the past 5 years who had experienced violence (physical and/or sexual) had smoked during the pregnancy; more than 10% had used alcohol.

In this chapter, we explain how partner violence affects women's health and wellbeing and how health burdens ultimately affect the RMI. The chapter begins by describing the direct effects of violence in the form of injuries and then describes women's perceptions on how violence affects their overall health. A large part of this chapter describes the findings on the associations between a woman's lifetime experiences of physical or sexual partner violence and selected indicators of physical, mental, and reproductive health.

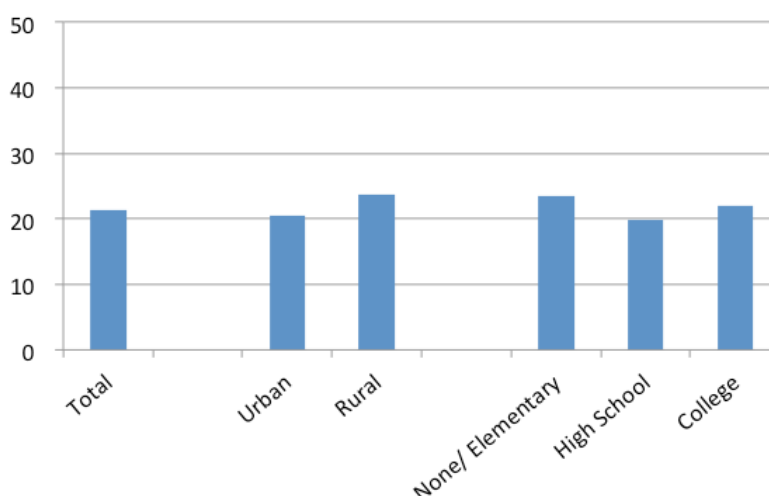
a. Injuries due to partner violence

Women who reported physical or sexual violence by an intimate partner were asked whether the abuse had resulted in injuries, when it had occurred, the types of injury, the frequency, and whether health care services were needed and used.

Approximately 22% of women who experienced partner violence reported having been injured as a direct consequence of the violence with that number non-significantly higher on the rural outer islands (25%, 95%CI = 19–31%) than the urban atolls (21%, 95%CI = 16–28%) (Figure 7.1). Reports of injuries were consistent throughout the groups of women regardless of education level or socioeconomic status.

As discussed earlier, 36% of women experienced severe physical violence and a combined total of 51% of women

Figure 7.1. Percentage of women ever injured, among women reporting physical or sexual partner violence, RMI 2012 (N=474)



experienced both physical and/or sexual violence: 22% of women reported being injured as a result of the abuse. Of the injured women, more than 28% had ever lost consciousness but only 18% of the women who disclosed physical or sexual violence reported that they had ever been hurt enough to need health care. Interestingly, of those women who did receive healthcare for their injuries (N = 18), the majority said they told the health worker about the real cause of injury. However, this statistic conflicts with a medical key informant report stating that very few women in the country's largest urban area go to the hospital for help, and a judicial key informant reported not yet having heard a case prosecuted under the recent Domestic Violence Act. Where is the gap? If women are reporting the real reasons for their injuries when they visit the hospital or outer island health centers, their complaints are not continuing through advocacy channels. This raises the question about whether health professionals feel adequately resourced or know how to respond when intimate partner violence is reported. System-wide structures that support health professionals in making appropriate choices when presented with intimate partner violence are essential to ensure women are able to access the support that they need.⁷²

In an interview, one medical key informant in an urban area reported that only two or three cases of intimate partner

violence in the past six years have been filed from the emergency room. In most suspected cases, only injuries are treated and women leave, presumably back to their abusive situations. Furthermore, the key informant stated that police often send male police officers to interview women suspected of being abused. Understandably, the women feel uncomfortable and do not fully disclose their situations. It was then suggested that there is a need for private interview rooms and a designated person from a Women/Children Protection Unit to interview abused women. Along with education and dissemination of information and services, the key informant stressed the need for modification of reporting forms and follow-up systems after treatment with referrals to appropriate departments (Public Health, Obstetrics, and Mental Health).⁷³

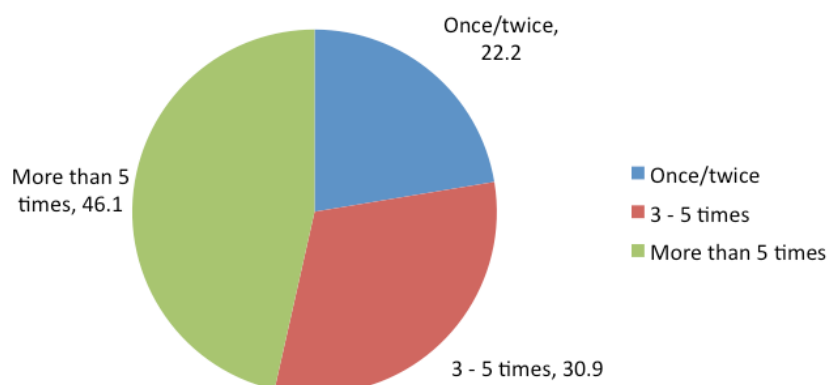
A key informant from the judicial field disclosed the lack of prosecutions under the recent Domestic Violence Act. Only two cases have been presented to court but the cases were dropped before trial, despite the no-drop policy in the DVPPA.

Nearly half of the participants have experienced violence on a regular basis, meaning that the abuse has occurred more than five times (Figure 7.2).

⁷² J Koziol-McLain, C Gear. (2012). Hospital responsiveness to family violence: 96 month follow-up evaluation. Auckland: Auckland University of Technology.

⁷³ Recommendations discussed further in section 11.

Figure 7.2. Frequency of injuries among women who were ever injured due to physical or sexual partner violence, RMI 2012 (N=106)



More than three-quarters of women who disclosed injuries due to partner violence (11%) stated that their injuries occurred multiple times.

The husband threw a huge rock at her and broke her back. She had to go to the Philippines for surgery. She is still with that man and he still abuses her.

Research Participant Account

The majority of injuries suffered among the ever-injured were scratches, abrasions, bruises (72%) and cuts, punctures, bites (47%), followed by broken ear drums, eye injuries (34%) and sprains, dislocations (24%). Injuries in the past 12 months followed a similar pattern and it should be recognized that 31% suffered burns (versus 19% in a lifetime) and 25% suffered fractures and broken bones, and broken teeth (versus 14% and 18%, respectively, for lifetime injuries).

b. Self-reported impact of partner violence

Women who disclosed physical or sexual violence by a partner were asked whether their husband's behavior had affected their physical or mental health and whether it had affected their work or income-generating activities.

Of respondents ever having experienced physical or sexual partner violence, 31% agreed that the violence did affect their lives; of these, 35% admitted that the abuse affects their lives 'a lot'.

Most women surveyed (67%) were not working for money.⁷⁴ However, of those women reporting partner violence (N = 474), nearly 10% reported that the experience of violence affected their work, the majority of those reports coming from urban areas, where employment opportunities are greater. Among

those women who did work for money and had reported physical and/or sexual partner violence, 25% reported that their experience of violence had affected their work, and 19% were unable to concentrate as a result of the violence.

One research participant was in a particularly abusive relationship. She decided to leave him and went to stay with another research participant, whom the partner did not know. One day the participant's partner stayed outside of our research base and our team member could not go to work. He finally left and she came into the office. This research participant was in hiding for nearly the entire project but still continued to work in the communities gathering data.

The self-reported impacts of violence on women's health and wellbeing were quite low. These numbers are not surprising, though, considering that 85% of respondents are accepting of abuse and condone the actions of their abusers.

The majority (55%) of women surveyed who reported physical or sexual violence and worked for money (N = 171) said that their work was not disrupted by their experiences with abuse. For that fact, this study is monumental: most women do not discuss their abusive situations and if their socialization has been shaped by violence, this lifestyle is most likely to be seen as 'normal', furthering the vital need for VAW interventions and active community awareness campaigns.

c. Partner violence and mental health and physical symptoms

Early on during each interview (prior to questions regarding partner violence), all women were asked about their health status to determine any association between violence and health. These answers were compared between those of women who reported experiencing physical and/or sexual

⁷⁴ This distressing number shows that the majority of women are not financially autonomous, putting them more at risk. Risk factors are further discussed in chapter 5.

partner violence and those who did not. Because of the cross-sectional nature of the survey, we are limited to measuring “associations”. It is not possible to demonstrate causality.

When asked whether they considered their general health to be excellent, good, fair, poor or very poor, women who had ever experienced physical and/or sexual violence were more likely to report poor or very poor health than those who had not experienced violence.

Approximately 37% of women who had ever experienced physical and/or sexual violence by an intimate partner reported that their health was fair or poor, whereas 22% of women with no experience of partner violence reported poor or very poor health. These statistics were much higher in rural areas: more than 43% (95%CI = 31–61%) of women who have experienced physical/sexual violence reported fair or poor health whereas 25% (95%CI = 15–40%, no significant difference) of women with no violence reported those self-assessments. In urban areas, more than 34% (95%CI = 26–45%) of women with partner violence reported poor health status versus 21% (95%CI = 12–33%) of women not reporting experience with violence (significant difference in self-reported health, $X^2(4df) = 17.6$, $p = 0.02$). One in three partnered women ($N = 924$) reported being in fair, poor, or very poor health; 14% reported that they suffer from moderate or severe pain; 10% have problems with memory or concentration.

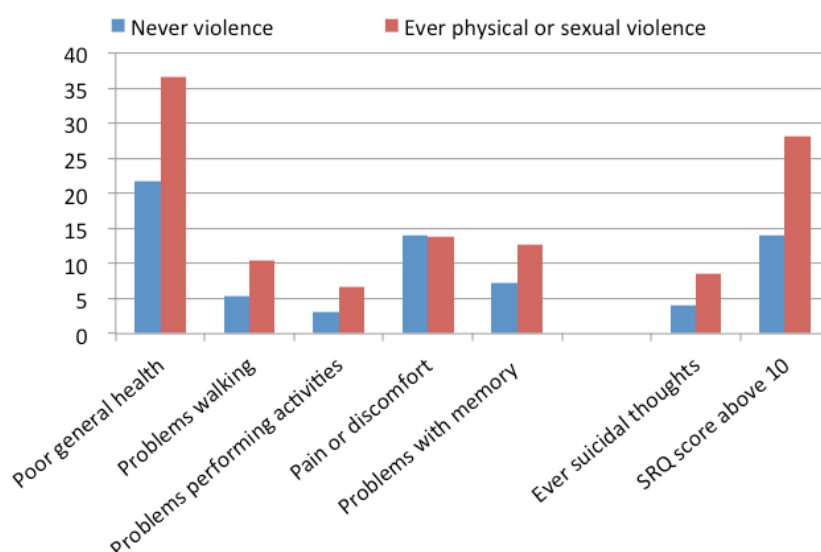
Ever-partnered women were also asked whether they had, in the four weeks prior to the interview, experienced any problems walking or performing usual activities, or had moderate or severe pain, and problems with memory or concentration. Figure 7.3 illustrates that the majority of responses regarding

ill health status are higher for those women who have experienced partner violence.

Respondents also completed a Self-reported Questionnaire (SRQ) within the FHSS survey. This is a series of 20 questions used by the WHO as a screening tool for emotional distress, with more points indicating a higher probability of depression. Results of this series of questions indicate that the percentage of women scoring above 10 with physical and/or sexual violence is nearly double that of women not reporting violence, indicating a significantly increased likelihood of experiencing depression ($X^2(1df) = 29.9$, $p < 0.001$, Figure 7.3). This is a critical statistic as depression is an illness that can have a debilitating effect on families and a woman's physical health. Even if a woman leaves the abusive relationship, she may suffer from Post-traumatic Stress Disorder (PTSD).⁷⁵ Suicide and suicidal thoughts are indicators of depression and more than twice as many women who experienced violence reported ever having thought about suicide as those who had not experienced violence (9% (95%CI = 7–11%) versus 4% (95%CI = 2–6%), respectively $X^2(1df) = 8.5$, $p = 0.003$). Likewise, twice as many respondents had attempted suicide if they had experienced violence (6%, 95%CI = 4–9%) compared with (3%, 95%CI = 2–5%, $X^2(1df) = 4.8$, $p = 0.02$) those who had not.

Emotional violence alone is distressing. In fact, the RMI data show it to be more distressing on the 11–15 SRQ scale, at nearly three times higher than those without violence. More than 4% of women who did not report physical and/or sexual violence but did report emotional abuse alone thought about suicide, and more than 10% of those women who experienced physical/sexual/emotional violence.

Figure 7.3. Percentage of women who self-reported physical and mental health symptoms, according to experience of partner violence, RMI 2012 (N=924)



⁷⁵ CR Brewin, B Andrews, JD Valentine. (2000). Meta-analysis of risk factors for posttraumatic stress disorder in trauma-exposed adults. *Journal of Consulting and Clinical Psychology*, 68, 748–766.

All women, whether ever-partnered or not, were also asked of their use of health services and medication in the previous four weeks. Interestingly, fewer women consulted a doctor or health worker (including traditional healers) if they *had* experienced physical or sexual partner violence (31%, 95%CI = 26–36%) than those who *had not* experienced violence (36%, 95%CI = 31–42%, difference not significant). This is probably consistent with other reports that women who experience violence are less likely to seek medical help.^{76,77}

According to RMI FHSS data, women who have experienced violence are not more likely to seek attention from a health professional or healer or take medicines for sleeping, pain, or depression. Women who have experienced partner violence are, however, more likely to have operations or spend at least one night in a hospital. This statistic evidences the tremendous strain that VAW places on the RMI healthcare system; operations and hospital stays are much more costly than ‘treat and release’ experiences. For those women in the outer islands, intensive health services require transit to the urban centers of Majuro or Ebeye or in some cases for women in urban and rural areas, out-of-country travel to Taiwan, the Philippines, or Hawai’i. Moreover, a mother’s hospitalization, rendering her unable to care for her family, increases the vulnerability of her children to abuse, neglect, and exploitation.

d. Partner violence and reproductive health

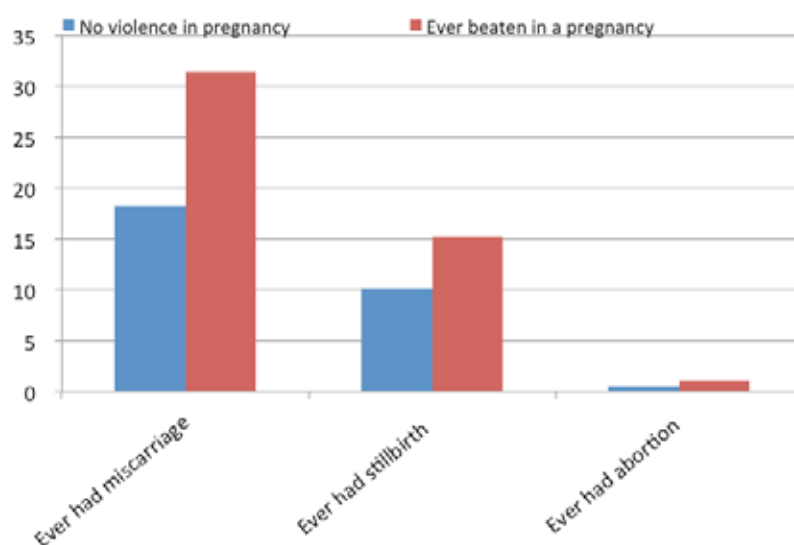
All women were asked about the number of pregnancies, miscarriages and abortions. Of those women who had ever

experienced physical and/or sexual violence, 95% had ever been pregnant; more than 90% of all respondents aged 15–64 had ever been pregnant and nearly half (46%) of those pregnancies had been unwanted. Though slightly more women ever had a miscarriage if they experienced violence (21%) than those who did not report violence (18%), there is clear association between violence in pregnancy and miscarriage (31%, 95%CI = 21–44%) versus women who had a miscarriage without violence in pregnancy (18%, 95%CI = 16–23%, $X^2(1df) = 7.0$, $p = 0.02$) (Figure 7.4).

Abortions are not offered as elective procedures at hospitals in the Marshall Islands and some women attempt to terminate unwanted pregnancies through local or traditional means,⁷⁸ or by having someone punch them in the stomach. It is therefore disturbing that 1.2% of women who experienced violence in pregnancy had abortions.

Additionally, of women who had a live birth in the past five years and had experienced physical or sexual partner violence ($N = 186$), 47% said that they did not want the pregnancy; 62% said the partner wanted a son; 10% used alcohol during pregnancy (versus 5% who did not); and 25% smoked during pregnancy (versus 10% who did not). These factors are also indicators that women are not getting proper nutrition and the aggregated factors show that not only will the healthcare system be further strained through high-risk pregnancies but the education system as well, since teratogens such as alcohol and tobacco cause irreversible developmental damage.

Figure 7.4. Reproductive health outcomes, among women who were ever pregnant, according to experience of partner violence in at least one pregnancy, RMI 2012 (N=854)



⁷⁶ J Fanslow, E Robinson. (2004). Violence against women in New Zealand: prevalence and health consequences. *New Zealand Medical Journal*, 117 (1206).

⁷⁷ World Health Organization. (2013). *Global and regional estimates of violence against women: prevalence and health effects of intimate partner violence and non-partner sexual violence*. Geneva, Switzerland: World Health Organization.

⁷⁸ Local medicines, or drinking large quantities of soy sauce, have been reported as means to abort a pregnancy.

As discussed earlier, the majority of respondents are not currently using methods to prevent unwanted pregnancy.

During training, the Field Researchers asked why 'drinking water' was not a contraception choice on the questionnaire. The FRs explained that they drink water after sex; if one gets pregnant, they did not drink enough water. The International Coordinator and National Researcher held an impromptu discussion on contraception and the conception process. What was found was that most of the women did not understand their own bodies, much less conception. Furthermore, if the FRs were simply drinking water to avoid unwanted pregnancy then they were also at great risk of STIs. Because of this risk and exposure, WUTMI was called in to discuss STIs, HIV/AIDS, and general women's health. Note that six women on the team were pregnant during training and data collection.

'How can a woman be empowered when she doesn't even know how her own body works?'

Research Participant Account

e. Discussion

The RMI FHSS suggests that experiences of intimate partner violence are associated with a number of direct and indirect physical, mental and reproductive health outcomes. This is consistent with findings in other countries where the WHO multi-country study methodology has been used, as well as other studies from around the world that show that women who are physically abused often have many somatic complaints, including chronic headaches, abdominal and pelvic pain, and muscle aches.^{79, 80, 81}

Except for injuries that are clearly a direct result of the violence experienced, we are unable to establish whether exposure to violence occurred before or after the onset of symptoms because of the cross-sectional design of the study. Theoretically, women who reported ill health could have been more vulnerable to violence.⁸² Nevertheless, there is some evidence of the temporal association between violence and ill-health, in that we recorded an association between self-reported symptoms in the four weeks preceding the

interview (i.e. recent symptoms) and self-reported symptoms from experiences of partner violence over a lifetime, some of which may have been a long time ago in a woman's life. This suggests that the impact of violence may last long after the actual violence has ceased.⁸³

We found a statistically significant association between women's experience of partner violence and unwanted or mistimed pregnancy. Other studies also show that women who had experienced violence had more unwanted pregnancies, higher fertility levels and a lessened ability to use contraceptives.⁸⁴ This indicates that women who have experienced violence have less control over their reproductive health choices. Health care providers will need to consider how partner violence influences some of their patients' use of reproductive health services, particularly contraception, and the higher risk of unplanned pregnancy and sexually transmitted infections among abused women.^{85, 86}

Additionally, those women with physical or sexual partner violence and unwanted pregnancies were more likely to smoke or drink during the pregnancy, putting the unborn child at risk of serious developmental issues either at birth or later.

⁷⁹ JC Campbell. (2002). Health consequences of intimate partner violence. *Lancet*, 359:1331–36.

⁸⁰ M Ellsberg, HAFM Jansen, L Heise, CH Watts, C Garcia-Moreno. (2008). Intimate partner violence and women's physical and mental health in the WHO multi-country study on women's health and domestic violence: an observational study. *Lancet*. 371:1165–72.

⁸¹ B McCaw, JM Golding, M Farley, JR Minkoff. (2007). Domestic violence and abuse, health status and social functioning. *Women Health*. 45:1–23.

⁸² E Silver, L Arseneault, JD Langley, A Caspi, TE Moffitt. (2005). Mental disorder and violent victimisation in a total birth cohort. *American Journal of Public Health*, 95(95), 2015–2021.

⁸³ MC Black, MJ Breiding. (2008). Adverse health conditions and health risk behaviors associated with intimate partner violence. *Morbidity and Mortality Weekly Report: Centres for Disease Control and Prevention*.

⁸⁴ S Kishor, K Johnson. (2004a). Domestic violence in nine developing countries: a comparative study. Cleverton, MD: ORC MACRO International.

⁸⁵ M Ellsberg. (2000). Candies in hell: women's experiences of violence in Nicaragua. *Social Science and Medicine*. 51:1595–1610.

⁸⁶ J Fanslow, A Whitehead, M Silva, E Robinson. (2008). Contraceptive use and associations with intimate partner violence among a population-based sample of New Zealand women. *Australian and New Zealand Journal of Obstetrics and Gynaecology*, 48:83–89.

10. Impacts of partner violence against women on their children and intergenerational aspects of violence

Main findings

- Nearly half (46%) of all ever-partnered women who disclosed experience with both physical and sexual violence reported that their mother was abused by her partner.
- Of those women who experienced severe physical violence, more than 38% reported that their mother was abused by the mother's husband.
- More than one in four women who experienced severe physical violence at the hands of their partner (27%) reported that their partner's mother was abused by the mother's husband.
- About three-quarters (73%) of women who experienced severe physical partner violence said that their partner was abused as a child, compared with 17% of those women who experienced moderate physical violence and 21% of all ever-partnered women (N = 924).
- About one in six (16%) of women who had ever experienced physical partner violence said that their children had witnessed the abuse several times, 7% said the children had witnessed the abuse many times, while 7% said they didn't know.
- RMI FHSS findings show there is a clear link between violence a man experiences as a child and his propensity to be a severe abuser.

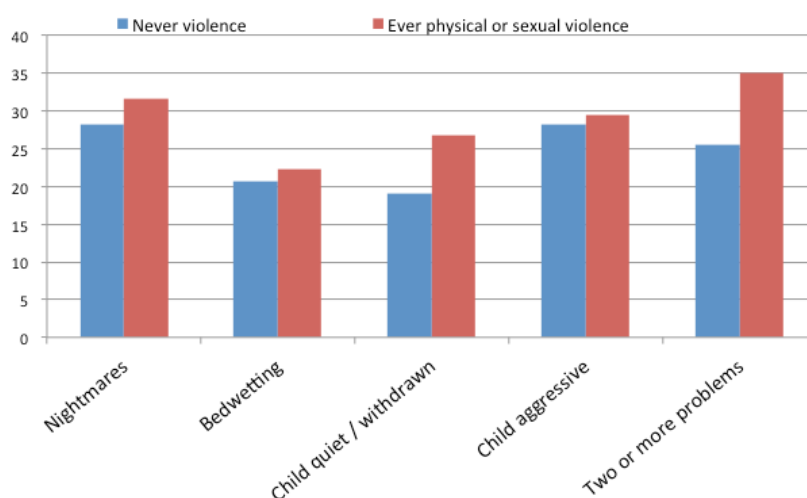
This chapter explores associations between a woman's experience of partner violence over her lifetime and behavioral problems in her children 5–12 years old. It also describes the proportion of women who reported their children witnessing the violence, and it explores the intergenerational aspects of violence: how witnessing or experiencing violence has an impact on the next generation. These aspects of experiences with violence are further clarified in the risk factor analysis (Chapter 5).

a. Partner violence and the well-being of children

Among the women in the survey, 427 women had children 5–12 years old. These women were asked about behavioral problems among their children: whether their children had frequent nightmares; often wet their bed; were quiet and withdrawn or extremely aggressive. They were also asked whether their children repeated grades and/or dropped out of school. These questions were asked *before* the questions on partner and non-partner violence. The analysis thus compares the behavior of children of women who reported partner violence with offspring of those who had not reported partner violence. It does not take into account whether the children witnessed the violence against their mother.

Women who experienced partner violence were slightly more likely to report behavioral problems in their children (Figure 8.1), though the differences were not statistically significant. It is interesting to note in Figure 8.1 that those women who have experienced violence did report their children experiencing two or more behavior problems.

Figure 8.1. Behavioral problems in children, as reported by partnered women with children 5-12 years old, according to experience of partner violence, RMI 2012 (N=427)



Nineteen percent of child respondents in the UNICEF RMI CPBR⁸⁷ said that adults should not hit or humiliate children, so that children feel safe in the community. This seems to imply that a majority of CPBR respondents did not feel that elimination of violence would make them feel safe in a community. This shocking statistic implies that violence in socialization begins at an early age, and is internalized and reinforced through various institutions such as the school.

During a teacher focus group, participants from 3 Pacific Island countries, all residing in the RMI and teaching in the public schools, said that they had all been physically disciplined while growing up but to this day do not consider their upbringing to have been abusive, and all reported using corporal punishment in the home even though they are aware that corporal punishment is illegal in RMI schools.

The largest difference seen from the data is with quiet and withdrawn children of those women who have experienced partner violence (27%) versus those women who have not reported violence (19%) (Figure 8.1). However, since the differences are not statistically significant, we can but hypothesize that many children are experiencing their own abusive situations. This is consistent with quantitative data on non-partner violence and the recent UNICEF/RMI Child Protection Baseline Research (CPBR) report along with

qualitative data collection for the FHSS.

b. Children witnessing violence as reported by women

Women who experienced physical partner violence were asked whether their children had ever witnessed this violence and how many times they had witnessed it.

Most women reported that their children had never witnessed the abuse (64%), equally distributed between urban and rural areas. Aggregated data show that more than 20% said their children have witnessed abuse multiple times (Figure 8.2). The real proportions may be higher because women are not always aware whether their children witnessed them being beaten,⁸⁸ and that most Marshallese live with extended family units and may have witnessed family violence within the household.

Violence is a learned behavior: learned in the family, in the schools, in churches, and reinforced within the community-at-large.

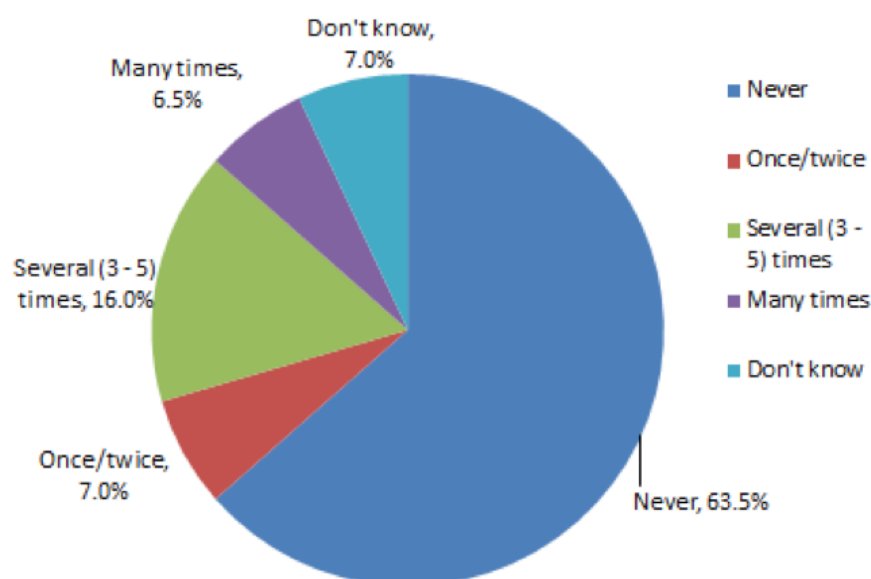
'My kids get really scared when their father yells at me.'

Outer Island Focus Group Participant

⁸⁷ HC Heine, et al. (2012).

⁸⁸ J Carroll-Lind, J Chapman, J Raskauskas. (June 2011). Children's Perceptions of Violence: The Nature, Extent and Impact of their Experience. Social Policy Journal of New Zealand, Issue 37.

Figure 8.2. Children witnessing domestic violence, as reported by women experiencing physical partner violence, RMI 2012 (N=455)



c. Intergenerational violence

Learning and copying behavior from parents could be explored further by examining the experiences of the respondent and her partner when they were children themselves. In the survey, women were asked whether their father beat their mother when she was young, whether their partner's mother had been beaten when her partner was a child, and whether her partner himself was beaten as a child.

We found that 21% of all ever-partnered women reported that their mother had been hit by their mother's husband (and among these, 94% mentioned they had seen or heard this violence). Further, 12% of women reported that their husband or partner's mother was hit by her own husband; as much as 16% of the women reported that her husband or partner was beaten as a child.

You can ask anyone on the island ... papa was the worst. He used to beat my mom very badly and everyone was afraid of him. My wife too, her papa beats her mama even now that they are old. The other night he locked the door to their room and we could hear him beating her. He cut off all of her hair and now she is embarrassed to leave the house. We have four kids and we don't want them to grow up and be like that.

Male Survivor Account

Women who experienced different types of partner violence were compared with women who did not report violence (Table 8.3 and Figure 8.3). A woman who has experienced partner violence is more likely to have had a mother who was beaten, and to have had a partner whose mother was beaten as a child, or who himself was beaten as a child, compared with women who had not experienced violence. For women who experienced severe physical violence, this relationship is even stronger – they are three times more likely to have a partner who witnessed violence against his mother when he was a child.

This is evidence for the part that childhood experiences play as a risk factor for future violence. If a man experienced violence in his family as a child, he is not only at risk of experiencing more problems with his wellbeing during his childhood, but he has a higher risk of becoming a perpetrator of violence against women as an adult. Figure 8.3.1 clearly illustrates this, with nearly 80% of the women who report severe violence also reporting that their partner was hit as a child.

Figure 8.3. Violence in family home of respondent and her partner, according to whether women reported partner violence, RMI 2012 (N=924)

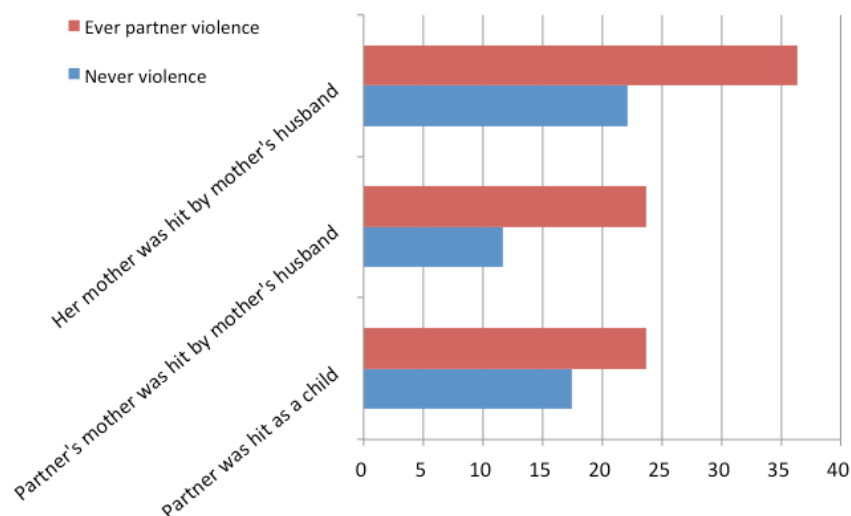
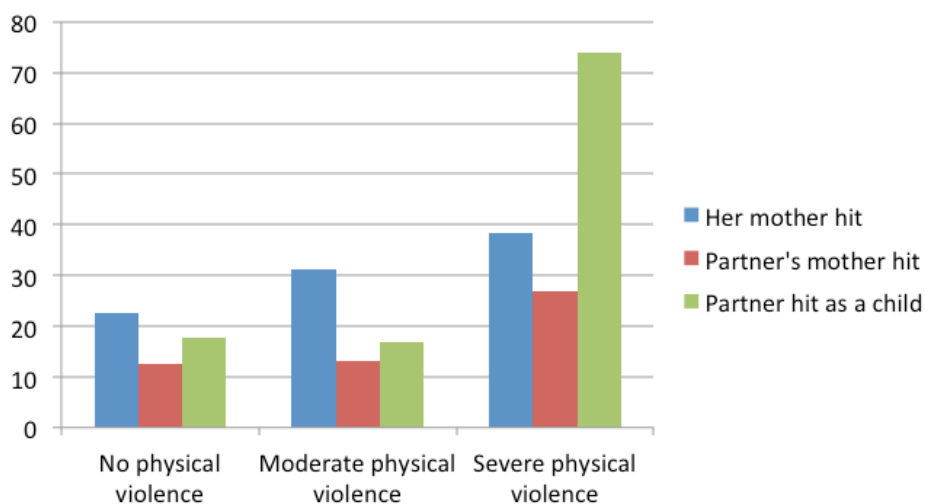


Figure 8.3.1 Severity of physical partner violence in relation to violence in the family home of her and her partner, among ever-partnered women (N=924), RMI 2012



1.1. Women's responses to partner violence and their coping strategies

Main result

- **More than half (54%) of respondents had never reported their experiences with partner violence. Of those who told others, 20% told a friend, 15% told their parents, 12% told a brother or sister.**
- **Nine out of ten (91%) of women never sought help.**
- **Only 1% of women (N = 4) reported their abuse to the police.**
- **Of women who did seek support from an agency, 48% did so because they were badly injured and 21% sought assistance because her partner threatened or tried to kill her.**
- **Of women who did not seek support from an agency, 48% said that the violence was normal or not serious and 14% feared the consequences if they spoke out.**
- **More than half of women who experienced physical or sexual partner violence had ever left home because of the violence, with 80% of those women going to her relatives for help.**
- **The main reasons women gave for returning to an abusive partner were: he asked her to go back (43%); she didn't want to leave her children (23%); she loved him (20%); for the sake of the family and children (19%).**
- **The main reason that women did not leave a physically or sexually abusive relationship was that they believed the violence to be normal or not serious (29%).**
- **One in five (21%) of women reporting physical partner violence had ever fought back; 40% of those who fought back said the violence became less and 29% said the violence stopped thereafter.**

Little has been known about Marshallese women's response to partner violence, including the help sought and received from informal networks such as families and friends, and more formal government and non-government agencies. To explore these issues further, respondents who reported partner abuse were asked who they spoke to, where they sought help, who helped them and whether they had fought back or left their partner because of his violence. If a woman had been abused by more than one partner, questions were asked about the most recent partner who had been violent towards her.

a. Who women tell about violence and who helps

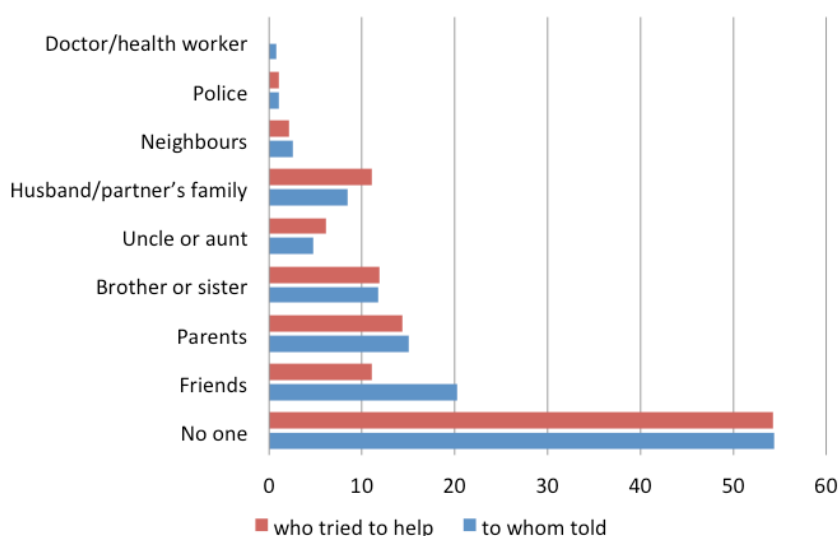
Who women tell about violence

Women who experienced partner violence were asked whether they had told anyone about their partner's violent behavior. The question was an open one and women were told that multiple answers could be given.

Nationwide, more than 50% of respondents had not told anyone about their experiences with violence. If they did report their experiences, it was mostly to friends (20%), parents (15%), or a sibling (12%). Only 1% (N = 4) reported their experiences to the police and less than 1% made a report to a doctor or health worker (Table 9.1 and Figure 9.1).

For the most part, no one helped the women who had experienced partner violence. Parents (14%), siblings (12%), and friends (11%) did help, and to a lesser extent, neighbors (2%) also stepped in. Despite the lack of support, most women (61%) said that they did not want help, which again illustrates the internalization of abuse in which women may not see their situation as unusual or one needing assistance.

Figure 9.1. Persons who were told about the violence and persons who tried to help, among women who experienced physical or sexual partner violence, RMI 2012 (N=474)



Papa's sister was really abused by her husband. The husband beat her so badly that she was in the hospital for months. He also beat his daughters. Papa saved money and sent auntie to mainland [United States] to get her away from him [the abusive husband]. She stayed there for a couple of years until the husband found her. He said he was sorry and she went back with him. Papa tried to tell her not to go but she went with him anyway.

Female Survivor Account

Twenty-seven percent of urban women and 30% of rural women said they wished their families had done more to help them, followed by his family (6%), and neighbors (6%).

Common Marshallese thought is that family violence is a private matter and it is best to mind one's own business. The following is a personal account from a member of the research team:

A few years ago, I lived on a remote outer island. A young woman was being physically and sexually abused by her stepfather. I heard about it through some women on the island and then asked what they were doing to help the woman. They replied that they weren't doing anything. When I asked why, one woman said that maybe it is because some women don't like the [abused] woman.

Not long after this, the abused woman was at my house talking with my mother. She had a black eye and was walking with a cane. When I asked what happened, she replied her step-father, who happened to be one of two policemen, beat her. I then decided that I had to do something and went to talk with the acting mayor to help the woman file a report.

The meeting was disastrous. The acting mayor yelled at me and said that it was none of my business and if the [step]

father wanted to 'discipline' his daughter, that was his right. He then told me to leave the island as I am not from there. That night, the woman's stepfather showed up at my house with a machete looking for me. The next day, he went to the school where I was teaching ... again with a machete. I left the island the following morning and the woman soon after with her small son. She said she will return to her island when the stepfather is dead.

Who helps?

Women who experienced physical or sexual violence by a partner were asked in an open question (that allowed for multiple response options) to determine whether anyone ever tried to help them (Table 9.2).

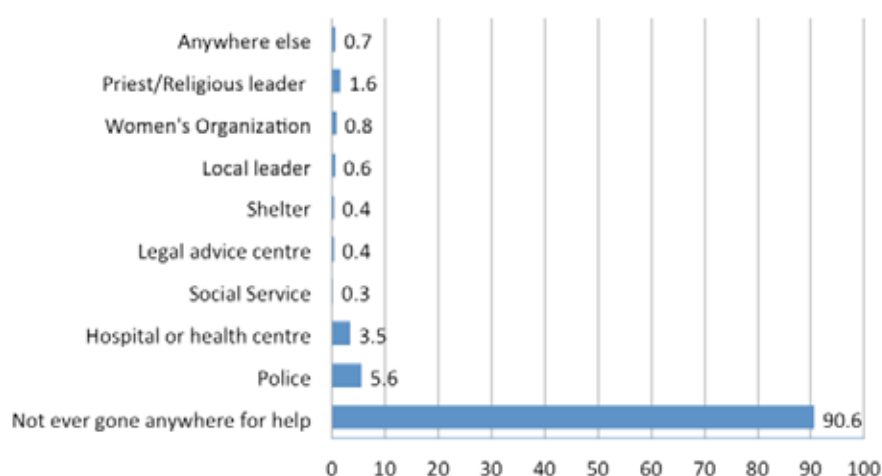
Of women who experienced physical or sexual partner violence (N = 474), 91% had never gone anywhere for help. Many women accept their situations or take matters into their own hands, like Tamlin, below.

My first husband was very abusive and very controlling. He would sometimes lock me in our room for days. I could only use the bathroom early in the morning or late at night when it was dark. If we left the house, I had to keep my eyes on the ground because if I looked around he would beat me when we got home. We lived with his family and they knew what was going on but never helped. His father beat his mother all the time too.

One time we went to Majuro to see the doctor because he was sick. We were ready to go back to the island and were on the boat. He went down below to check on something. I grabbed my son and left and got into a taxi and went to my family. He didn't know we had left until the boat was away from the dock.

I knew that I had to leave him to protect my son, so he wouldn't grow up and be like his father.

Figure 9.2. Agencies/persons of authority where women sought help, among women who experienced physical or sexual partner violence, RMI 2012 (N=429)



b. Agencies or authorities to which women turn for support

To whom do women go for support?

Respondents were asked whether they had gone to formal services or people in positions of authority for help, including the police and health services (Table 9.3 and Figure 9.2). Again, 91% of women did not seek help. Here, nearly 6% of women responded that they went to the police for assistance (N = 24). This seemingly conflicts with answers to the earlier question (Table 9.1) that asked who they told about their experiences with violence but it is possible that the women sought help and did not receive the expected response to their situation and so did not disclose the violence.

Respondents' satisfaction with the support received

Most women (66%) were dissatisfied with the support they

received from the various agencies. Not only is there very little support for families experiencing violence, particularly on Rural Outer Islands, but those who do report their experiences do not have satisfactory outcomes.

Reasons for seeking support from agencies

Women's attempt to seek help was strongly related to the severity of partner violence that they experienced. Most did not seek help unless the violence was so severe that they were badly injured (48%), the partner tried or threatened to kill her (21%), she was encouraged by friends or family (17%), she simply could not endure more (16%), or she was afraid that he would kill her (7%) (Table 9.5 and Figure 9.3).

Reasons for not seeking support from agencies

Women who had not sought help were also asked why. The most common explanation was that they did not see the situation as serious or that the violence was normal (48%),

Figure 9.3. Reasons for seeking help among women who sought help for partner violence, RMI 2012 (N=45)

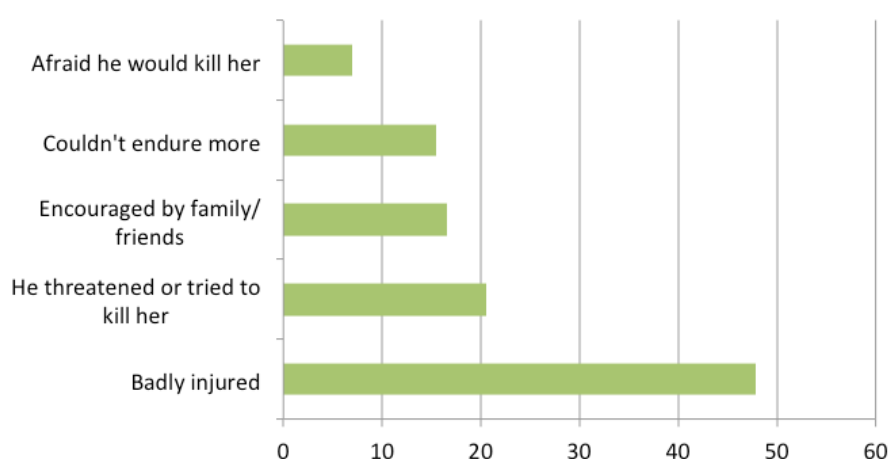
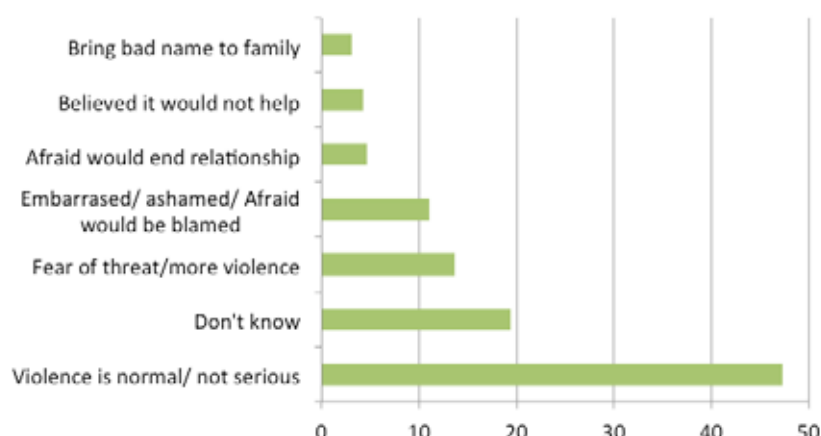


Figure 9.4. Reasons for not seeking help among women who did not seek help for partner violence, RMI 2012 (N=429)



which is in line with attitudes toward violence discussed in earlier chapters. Some women feared repercussions from their reporting (14%), were embarrassed or ashamed (11%), or believed that it would not help or knew other women who sought support and did not receive help (4%). Nearly 20% said that they didn't know or didn't want to answer (Table 9.6 and Figure 9.4).

Her former husband always beat her when he's drunk. Now she's single and working ... She's happy now that she's single.

Research Participant Account

The women said that it was best to just obey the husband and not talk back because it will cause problems.

Research Participant Account

c. Leaving home due to the violence

Do women leave home?

Of women who experienced physical or sexual partner violence, 51% nationwide had ever left home, with no significant statistical difference between women in urban or rural areas; conversely, 49% had never left home for any amount of time.

One field researcher discussed the difficulties in leaving women behind during the outer island data collection:

It was so hard to leave [the abused women] on the islands. So many of them wanted to get on the boat with us and leave their abusive situations. It was so hard because we couldn't take them and on the outer islands, there isn't anyone or anything to help them.

Of those women who did leave home, 23% left 2–5 times. The mean number of days of absence was 15 for those in

urban areas and 30 for those in rural areas. Consistent with Marshallese custom, most women in rural areas (69%) went to stay with her family, which is considerably less than the national average of 80% and the urban figure of 85%. This statistic shows the incredible vulnerability of women in rural areas and the necessity for increased outer island support protocols.

Reason for leaving home

Women who left home were asked about their reason for leaving, with reference to the last time they left. As with seeking help, their motivations were strongly related to the severity of violence. Data show that 32% could not endure any more, 26% said that he threatened or tried to kill her, and 20% were badly injured (Table 9.8). Notable responses also include women leaving for the sake of the children (2%, each because he threatened or hit the children or she saw that the children were suffering); and 17% of respondents left because they were afraid their partner would kill her.

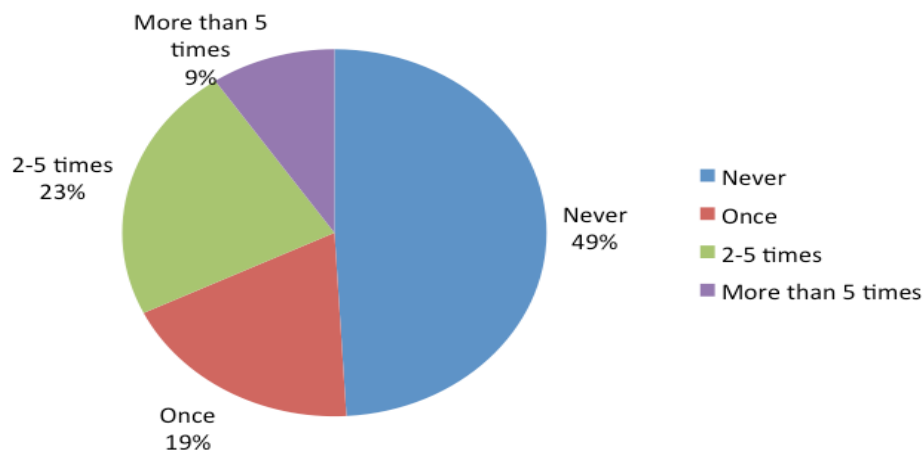
Reasons for returning

The goal of FHSS is to support healthy families. These statistics and qualitative data show how violence can fracture families. We have seen that many women accept their situations while others leave only to return because he asked her to go back (43%), she didn't want to leave her children (23%), she loved him (20%), for the sake of the family (19%), she thought he would change (10%), or she thought that violence was normal (5%) (Table 9.9).

Reasons to stay

The reasons women who never left home as a result of violence gave for not leaving were similar to those given by the ones who returned. Women stayed because they loved their partner (28%), they did not want to leave the children (25%), they forgave him (5%), or they stayed for the sanctity of the

Figure 9.5. Number of times leaving home, among women who experienced physical or sexual partner violence, RMI 2012 (N=474)



marriage (4%). Overwhelmingly more than one in four women (29%) stayed because they considered the violence was normal or not serious (Table 9.10) which further illustrates the extent of the internalization of violence in the Marshall Islands. Some had other reasons. Among them, 2% had nowhere to go, 2% reported the family said to stay, 1% did not want to be single, and 5% could not support the children.

Marshallese custom makes it hard to leave your partner and then go back. You are supposed to stay with your partner and if you leave, it is shameful to return. People will say you are weak or aren't a real woman because you couldn't handle the marriage. I guess if there is abuse, you are just supposed to stay. If you leave, you shouldn't go back.

Outer Island Focus Group Participant

d. Fighting back

Do women fight back?

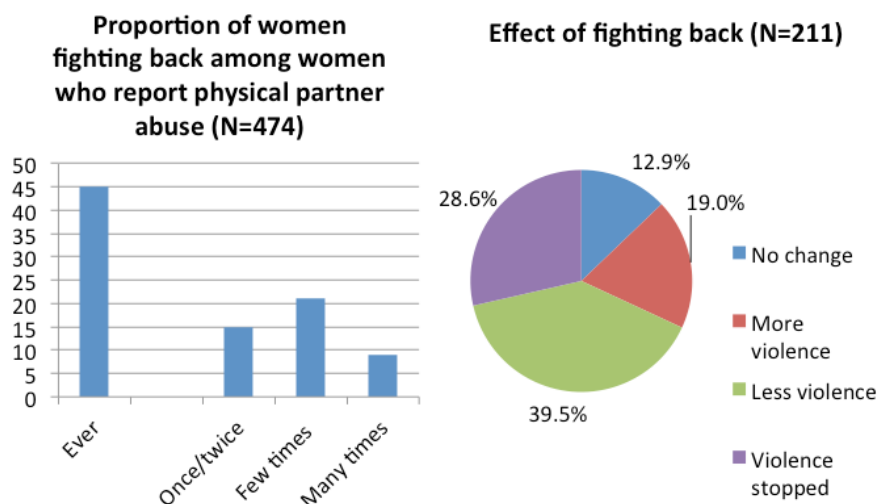
Nearly half (45%) of women who experienced physical partner

violence fought back physically in retaliation or in self-defence (Figure 9.6). The data show that 17% (95%CI = 13–23%) of the physically abused women in the urban areas, and 13% (95%CI = 8–18%) in the outer islands, had fought back once or twice; 11% (95%CI = 8–16%) of women in the urban areas and 5% (95%CI = 2–10%) in the outer islands had fought back many times. However, the majority of women (53% (95%CI = 48–59%) in urban areas, 59% (95%CI = 52–65%, no significant difference) in outer islands) did not fight back, which is consistent with attitudes reflecting the socialization process of violence against women (Table 9.11).

Effect of fighting back

Almost all women who fought back (87%) reported a change after doing so. For 20%, the violence got worse, but for 68% fighting back had a positive effect, in that the violence lessened or stopped, if only temporarily. This was similar throughout the country, with only slightly higher reporting in the rural areas (Table 9.12).

Figure 9.6. Fighting back among women who reported physical partner violence and effect of fighting back, RMI 2012



12. Process as praxis: The transformative effect of participatory research

As discussed earlier, research can be a powerful tool for transformation, particularly in countries lacking both human and financial capital needed for sustainable interventions. This chapter concentrates on the transformative effect of participatory research.

a. FHSS as an intervention

Regarding the research process as a tool for transformation means that social change need not wait until results are published and interventions implemented. When followed precisely, the Family Health and Safety Study methodology promotes empowerment of participants throughout. In the Marshall Islands, this was seen in the first week of training.

Early in the training process, while the team was translating and making country-specific modifications, one participant realized that she was experiencing marital rape and addressed this with her partner.

When effective methods of contraception were under discussion, it became apparent that the research team would benefit from a discussion on the male and female reproductive systems, conception, contraception and sexually transmitted infections (including HIV/AIDS). This allowed the team to have an immediate positive impact on their communities by sharing valid information.

As in most communities, discussion of violence within families is not common or widespread. As seen in RMI FHSS data, violence has become an embedded part of the socialization process, hence normalizing acts of violence against women. Providing space to share life experiences with well-trained individuals, either in private interviews or in focus groups, began the process of transformation through reflection.

b. Praxis

Praxis can be understood as “collective activity that combines a moral purpose with political commitment and tactical skilfulness”⁸⁹ that ultimately leads to social change.

All members of the research team agreed that the project had a profound effect on their lives as they saw the state of their own communities and explored their own actions and experiences:

I didn't know that people were living this way ... I didn't realize that they were struggling right in my own neighborhood.

Debriefing Session Participant

I've been living in the US for so long, I just didn't know that women were facing this problem in the Marshall Islands.

Research Participant in Exit Survey

It all became too much: too stressful, too sad. I thought, "What have I gotten myself into?" This project forced me to really look into my life, my life experiences, and that was really hard. I tried to quit but my team wouldn't let me and I am so grateful for that. After working through this and knowing what I now know, I have to keep working to support the women in my life, for us all to be empowered.

Research Participant Account

c. Discussion

The democratization of research through a participatory process leads to transformation and empowerment with the end result of praxis. With the FHSS goal being to support

⁸⁹ Räsänen, 2008.

healthy families, the research process acts as an intervention, as the research “helps the community see and listen to itself.”⁹⁰ The unabridged WHO Multi-country study methodology, regarded internationally as best practice in VAW research, is designed to generate robust data while functioning as an intervention and tool for empowerment.

We cannot overlook the power of this survey to the women who shared their stories, most (more than 90%) of whom had never told their stories to another. These survivors gave the field researcher a sacred gift: stories to be used to create the future we want for our families. It is our hope that in sharing their stories, hearing their own voices, our respondents experienced praxis through their involvement in the research process and that all of us involved are empowered to work toward eliminating violence in our homes and in our communities.

⁹⁰ Torres & Reyes, 2011.



13. Discussion, conclusion, and recommendations

13.1 Strengths and limitations of the study

The RMI Family Health and Safety Study has generated rich data about violence against women in this country. It presents key findings on the magnitude, patterns and scope of domestic violence against women, attitudes and perceptions of violence, the impact of violence on women and families, women's responses to domestic violence, and key risk factors for violence.

The key objective of this study is to create awareness of the scale and scope of domestic violence, and to guide and inform targeted policies and programs in order to reduce markedly the occurrence of domestic violence and violence in general by supporting healthy families.

As for the limitations of this research, the prevalence measures of violence against women are sensitive to methodological issues. Results will differ with various questions, the training and background of interviewers⁹¹ and whether the study is solely about violence against women or one that widens to include questions on violence in more general terms,⁹² ultimately affecting comparability.

The decision to select only one woman per household could introduce bias by under-representing women from households with more than one woman. However, additional weighting for the number of eligible women showed that the estimates of violence did not change significantly (see Chapter 3).

Current (i.e. past-year) prevalence is often thought to be a more reliable assessment of intimate partner violence

because of the assumption of less recall bias.⁹³ However, recent events of violence may be more difficult to report, being wrapped in relatively raw feelings of shame and fear of retaliation for disclosing such family problems, especially incidents of sexual violence.

Reporting both lifetime and past-year prevalence can be advantageous in that together they indicate different time perspectives and illustrate different aspects of the problem. Recall bias generally may be less in studies on grievous experiences such as intimate partner violence than when inquiring about less sensitive matters. There is support for this notion in a study from the United Republic of Tanzania.⁹⁴ But since violence is something that women in general are not immediately willing to disclose, there is always a risk of underreporting. Another important potential bias regarding the lifetime risk is, of course, differential recall bias. It could lead to an underestimation of the learned risks, especially where the violence appears to be an expectation of the way of life. Therefore, our results almost certainly represent conservative estimates.

Another limitation is that this is a cross-sectional study and the direction of temporal causality for some of the variables is not possible to establish. For other factors, the direction of the association can be discussed only in terms of plausibility.

Further, we have not been able to complete either a quantitative survey on men or a complete qualitative study on men's views (though men were involved in the research process as field staff, focus group participants, interviewees, and key informants).

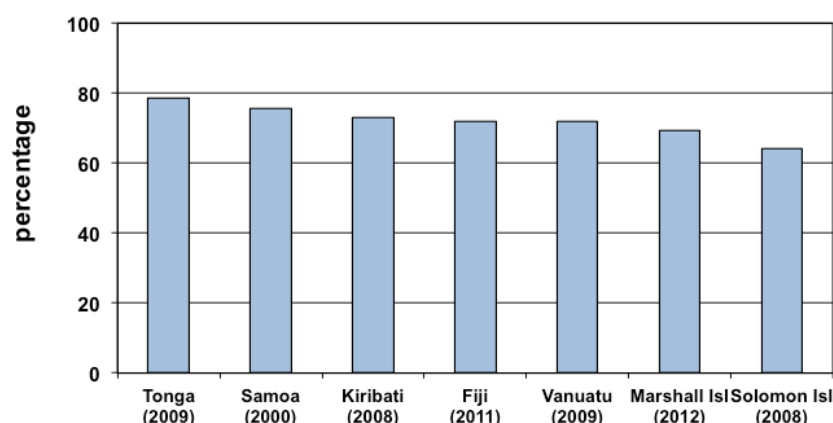
⁹¹ HAFM Jansen et al. (2004). Interviewer training in the WHO Multi-Country Study on Women's Health and Domestic Violence. *Violence Against Women*, 10:831–849.

⁹² M Ellsberg et al. (2001). Researching domestic violence against women: methodological and ethical considerations. *Studies in Family Planning*, 32:1–16.

⁹³ D Gil-Gonzales et al. (2008). Childhood experiences of violence in perpetrators as a risk factor of intimate partner violence: a systematic review. *Journal of Public Health*, 30:14–22.

⁹⁴ C Moshiri et al. (2005). Effect of recall in estimation of non-fatal injury rates: a community based study in Tanzania. *Injury Prevention*, 11:48–25.

Fig. 11.1 Prevalence of lifetime physical or sexual violence against women by anyone, since age 15, among women 15-49 years old, in Pacific Island countries



With regard to the strengths of the study, we stress again that the data in the survey were collected with a scientifically sound and well-tested methodology and standard instruments, with full consideration for ethics and safety, by well-trained and committed interviewers. This has been shown to contribute to disclosure, evident in our completion rate and disclosures of experiences compared to the Demographic Health Survey. Also, all quality control measures were thoroughly implemented. We are thus confident that the data from the survey are rigorous and robust.

Both quantitative and qualitative methods were used in gathering data, which enabled triangulation of findings, further illustrating the high quality of the research.

Finally, employing a survey method that was developed for use across cultures has a huge advantage in that it has generated data that can be used for international comparisons. Readministration of the questionnaire would allow the comparison of trends over time.

13.2 Partner violence in RMI and other countries around the world

The development of the methodology for the WHO multi-country study started in 1997 to address the lack of reliable and comparable data on violence against women,

its consequences and root causes across culturally and geographically diverse countries. The study was implemented between 2000 and 2005 in 10 countries (Bangladesh, Brazil, Ethiopia, Japan, Namibia, Peru, Samoa, Serbia, Thailand, and Tanzania) and 15 sites. Most countries had two sites, a major city and a province. Japan, Namibia and Serbia each included only a city sample, Ethiopia included a provincial sample, and Samoa included a national sample.⁹⁵

In recent years, other national studies have used the same methods as developed for the WHO multi-country study, among others in Kiribati,⁹⁶ the Maldives,⁹⁷ New Zealand,⁹⁸ Solomon Islands,⁹⁹ Turkey,¹⁰⁰ Vanuatu¹⁰¹ and Viet Nam.¹⁰² Most recently four other Pacific Island countries have embarked upon this study with the RMI: Palau, Nauru, the Cook Islands, and the FSM.

Figure 11.1 shows prevalence rates for lifetime and current physical and/or sexual partner violence worldwide for countries and sites where the WHO methodology was used and for which comparable results are available.

Among the countries in the WHO study, the reported lifetime prevalence of physical or sexual partner violence varied from 15% to 71%. Between 4% and 54% of respondents reported physical or sexual partner violence in the past year.¹⁰³

Despite using the same method, it should be noted that there

⁹⁵ C Garcia-Moreno, HAFM Jansen, M Ellsberg et al. (2005). WHO Multi-country Study on Women's Health and Domestic Violence against Women. Initial results on prevalence, health outcomes and women's responses. Geneva, World Health Organization. Available at http://www.who.int/gender/violence/who_multicountry_study/en/index.html.

⁹⁶ Government of the Republic of Kiribati. (2010). Kiribati Family Health and Support Study: A study on violence against women and children.

⁹⁷ UNFPA, UNICEF and WHO. (2007). The Maldives Study on Women's Health and Life Experiences - Initial results on prevalence, health outcomes and women's responses to violence, 2007.

⁹⁸ J Fanslow, E Robinson, (2004). Violence against Women in New Zealand; Prevalence and health consequences. New Zealand Medical Journal, 117:1206.

⁹⁹ Secretariat of the Pacific Community, for Ministry of Women, Youth and Children's Affairs. Solomon Islands Family Health and Safety Study: A study on violence against women and children, 2009.

¹⁰⁰ Turkish Republic Prime Ministry General Directorate on the Status of Women, Hacettepe University Institute of Population Studies, ICON-Institut Public Sector GmbH and BNB Consulting. (2009). National Research on Domestic Violence against Women in Turkey 2008. Available at http://kadininstatusu.gov.tr/upload/mce/eski_site/tdvaw/Documents.htm.

¹⁰¹ Vanuatu Women's Centre, Vanuatu National Statistics Office. (2011). The Vanuatu National Survey on Women's Lives and Family Relationships.

¹⁰² GSO/UN. (2010). Keeping silent is dying. Results from the National Study on Domestic Violence against Women in Viet Nam.

¹⁰³ C Garcia-Moreno, HAFM Jansen, M Ellsberg, L Heise, C Watts. (2006). Prevalence of intimate partner violence: findings from the WHO Multi-country Study on Women's Health and Domestic Violence against Women. Lancet, 368:1260-69.

always remain aspects that cannot be compared precisely. One of them is the partnership definition, which is crucial to determine the target group for partner violence questions. Although the WHO study tried to maintain the highest possible level of standardization across countries, it was agreed that the same definition could not be used in all of the countries because the concept of “partner” is culturally or legally defined.

In working out the country-specific definitions of “ever-partnered women”, the study researchers were aware of the need to use a broad definition of partnership because any woman who had been in a relationship with an intimate partner, whether or not she had been married, could have been exposed to the risk of violence. It was also recognized that the definition of ever-partnered women would need to be narrower in some contexts than others. Therefore, partnered women in, for example, Bangladesh and Turkey, included only married women; others also included cohabiting and/or dating partners. In the RMI partnered women included mostly currently or previously married women and also those in a common-law or traditional partnership or previous similar partnership.

Another aspect is age range (most countries interviewed women 15–49 years old, with the following exceptions: Japan, 18–49 years old; New Zealand, 18–64 years old; Turkey, 15–59 years old; and Viet Nam 18–60 years old). A different age range will affect the results in terms of prevalence. Women between the ages of 15 and 64 were interviewed in the RMI.

When national data are presented for comparing countries and sites, the sub-country regional differences – which often are major – will not be noticed. Further, there will always be context-specific variations in levels of non-disclosure, the extent of which we will never know.

Most countries, when presenting prevalence rates of partner violence, usually report “physical or sexual violence” – as is the case here in Figure 11.1. This is due to the fact that the measures of physical and sexual violence are most developed and robust and have been demonstrated to be a reliable and valid measure for international comparability.

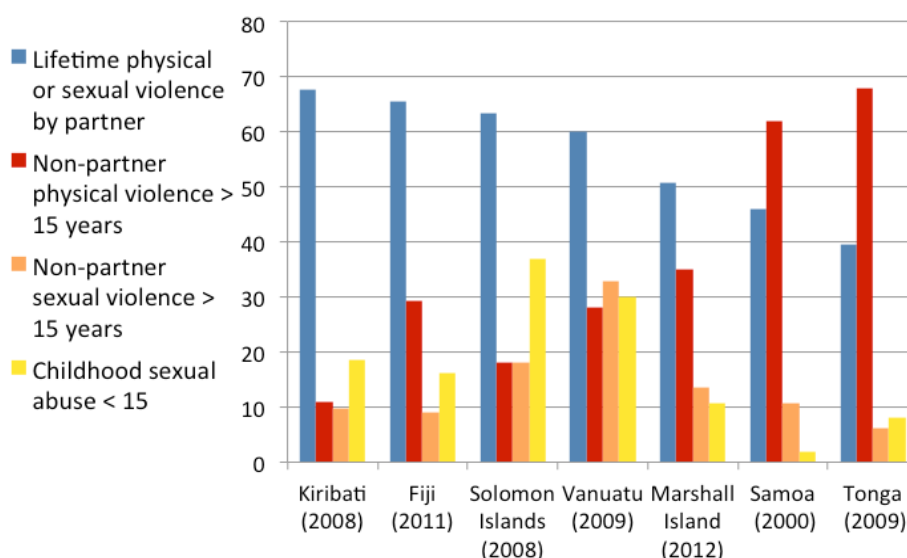
We notice in Figure 11.1, for example, that the RMI has similar rates of lifetime physical or sexual violence as Kiribati, Fiji, and Vanuatu. These aggregate results can hide differences. When we look closer, the violent experiences of women in these countries may not be as similar as they first look, as shown in Figure 11.2.

Compared with physical and sexual violence, it is much more difficult to measure emotional violence uniformly across cultural settings, and much methodological work still needs to be done on this. For this reason, many studies report emotional abuse acts separately and do not include it in an aggregate measure on partner violence. Another reason to be careful about including emotional violence in an aggregate partner violence measure is that a conservative measure (excluding acts of emotional violence) is often preferred so critics cannot charge that the results are exaggerated.

13.3 Do all women in the Pacific have similar violence?

At the time this report was being prepared, seven countries in the Pacific region had collected data on violence against women using the same methods and definitions: Kiribati, Samoa, Solomon Islands, Tonga, Fiji, Vanuatu, and the Marshall Islands. This is very useful for comparability (taking the limitations mentioned above into consideration, in particular regarding differences in disclosure and in the validity of the emotional violence measure).

Fig 11.2 Patterns of partner and non-partner violence against women (15-49 years old) in Pacific Island countries



To get an impression of the levels of violence in the Marshall Islands compared to those in other Pacific Island countries, we have plotted a number of the violence measures in one figure (Figure 11.2). These are:

- lifetime physical or sexual violence by partner
- non-partner physical violence since age 15
- non-partner sexual violence since age 15
- child sexual abuse before the age of 15

As previously discussed RMI data seemed comparable to those of Kiribati, Fiji, and Vanuatu. Yet when disaggregated, striking differences in the regional data become apparent. Figure 11.2 is nearly a mirror image, with the highest prevalence of lifetime physical or sexual violence occurring in Kiribati and the lowest in Tonga; the highest non-partner physical violence occurring in Tonga but the lowest in Kiribati. This shows striking differences in patterns between Vanuatu, Solomon Islands, and Kiribati on the one hand, and Samoa and Tonga on the other, with the Marshall Islands falling nearly in the middle. These differences can be summarized as follows:

- In Vanuatu, Solomon Islands, Fiji, and Kiribati, levels of partner violence are significantly higher than levels of non-partner violence. This is the other way around in Tonga and Samoa, especially for physical violence.
- Child sexual abuse is more prevalent in Vanuatu and Solomon Islands, than in Tonga and Samoa, and again, Kiribati has an in-between position.
- Tonga and Samoa have very similar patterns of violence, particularly high levels of non-partner physical violence, which is distinct from those that are found in most other countries in the world.
- The Marshall Islands is somewhat in the middle with regard to prevalence, with higher non-partner violence than in Melanesia yet lower than Polynesia; lower lifetime physical or sexual partner violence than Melanesian countries and even Micronesian neighbor Kiribati, yet higher than the Polynesian countries of Tonga and Samoa.

13.4 Conclusions

This survey opens a window into Marshallese families in a way that has not previously been seen. It reveals a critical situation for women, one that includes intimidation, threats, controlling

behaviors, and acts of physical and sexual violence by her partner and an overwhelming acceptance of the situation. Despite matrilineal culture and customary obligations to protect women, for most women, the violence experienced in her marriage or partnership is unfortunately not her first. Preceding her marriage, many a woman has already been subject to physical and sexual violence within the home. This urges recognition of the need for primary prevention initiatives in both schools and communities.

The import of the data, obtained through international best practice, is clear: nearly 70% of women in the Marshall Islands have experienced physical and/or sexual violence by a partner and/or a non-partner.

Most women do not share stories of their experiences of violence and even though there now exists an enabling act for CEDAW (DVPPA), only 12 cases have been filed by the Attorney General's office as of April 2014 and many have been dropped (despite the no-drop policy in place with the enabling act).

Though we cannot be certain that violence did not exist prior to colonization, we can agree that declining cultural values have paved the way for the normalization of VAW and IPV. Gulliver and Dixon (2014) further this line by discussing the "elements of colonisation [sic] theory such as violations of human rights"¹⁰⁵ ... and [referring to Stevenson (2011)] "The imposition of colonial values ... destroyed balanced power relationships between men and women."¹⁰⁶ While community programs spearheaded by traditional leadership and NGOs can work toward re-establishing harmony, institutional changes must be initiated at the national level. An entry point is with the Ministry of Education since the school is an agent of socialization and can be used as a space to promote primary prevention and behavior alternatives for children who experience violence at home or in other spaces. Since we see that violence has become normalized through socialization, the Marshall Islands must be aware that when education systems reinforce stereotypical Western gender norms and condone violence, we can see "a host of harmful consequences for girls and boys during childhood and beyond, including poor sexual and reproductive health (SRH) outcomes."¹⁰⁷

The role of faith-based organizations cannot be ignored when discussing social issues in the Pacific, as they are central to the modern culture. FHSS data show that VAW is prevalent in all sectors of society, including those of different religious affiliations. The partnership with religious institutions is crucial to supporting healthy families.

¹⁰⁴ UN Women iBrave Draft Report.

¹⁰⁵ Which, for the Marshall Islands, would include the US Nuclear Testing Program.

¹⁰⁶ P Gulliver, R Dixon. (forthcoming 2014). The influence of ethnicity on the outcomes of violence in pregnancy.

¹⁰⁷ N Bhatla. (2012). Shaping norms when they form: Investing in primary prevention of gender-based violence through working with children in schools. Presented at Expert Group Meeting on the Prevention of Violence Against Women and Girls, Bangkok, Thailand.

When the results of this national research on domestic violence against women were evaluated, the most striking findings were:

- Violence against women carries a serious threat to health and wellbeing. Many women suffer severe injuries and many have long-term indirect health effects. The violence at home also affects children and other members of the family.
- Violence against women during the life cycle shows variations among subcategories, such as age, education, and region, but no category is spared: women are being abused at all levels of Marshallese society.
- Some characteristics in men are associated with violence against their partners. These characteristics include: their aggressive behavior with other men; their extramarital relationships with other women; the use of alcohol; and their own experience with violence as children in their family of origin.
- The acceptability of violence as a mode of behavior is transferred and reinforced from one generation to the next. It is a phenomenon that is learned during the socialization process.
- Many women themselves believe that in some situations, men are justified in 'disciplining' their wives.
- Women do not have resources available in times of crisis and are particularly vulnerable if living on an outer island with the partner and his family.

13.5 Recommendations

It is important that all parties involved in the study recognize and understand that the study is not a stand-alone activity but part of an on-going process that works towards improving the situation of women. The study, while an intervention in its own right, needs to be seen as a step towards facilitating further interventions towards eradicating violence against women in the RMI. Critical to gaining and fostering a healthy and supportive family environment are core Marshallese values of respect, love, reciprocity, and humility. Findings in this report suggest that to alleviate domestic violence against women and against children, it is important to re-think and revitalize positive core Marshallese values as guides for familial relationships and contextualized interventions aimed at supporting healthy families.

Traditional and societal values, attitudes and practices that discriminate against women and promote or condone violence against women, however, should be challenged. The findings show that creating more gender equitable attitudes

and empowerment of women are vital to reducing violence against women. Strategies should focus on education of boys, along with girls, and on changing social norms and notions of masculinity associated with power and dominance. Challenging impunity for perpetrators of domestic violence is also important.

To end the cycle of violence, children must be protected from abuse. Ultimately men must become partners in social justice work to eliminate all forms of violence.

It is also important to put in place measures that make the community accountable, and to involve the churches, who are highly influential, to change people's attitudes and behavior.

The findings from the study have also identified areas and sectors that need further strengthening to protect and support the survivors and perpetrators of violence, such as the health sector, the education sector, law enforcement and community affairs.

Each member of the Consultative Committee signed a Pledge of Commitment to encourage and promote this study's cause. A further recommendation is that the RDC, which is the governmental support and advocacy for this study, should now support the process of taking ownership of the results at all levels of society. The RDC is well placed to take on policy guidance as well as mobilizing support for the dissemination of the findings. Such action would facilitate the use of the results of this study by NGO stakeholders, together with the national government and traditional leaders, as means of effectively developing and implementing multi-sectoral policies and strategies. A participatory process has the greatest potential to yield the urgently needed detailed recommendations, an action plan, and policies to combat violence against women and children. In view of the many faiths in the RMI and their important role in Marshallese society, it is recommended that high-profile members of several of the main religious bodies be involved as well.

Traditional leadership-related recommendations

- Conduct on-going consultations with Council of Iroij and Leroij for best traditional pathways to strengthen families
- Request Council of Iroij to issue call of *ekakwikwi jinen emman* within all domains
- Progressive training initiatives with current and next-generation traditional leaders to:
 - encourage traditional leaders to work within their domains for discussions on culture, violence, environmental issues, education
 - empower both leaders and communities

- Using Marshallese epistemology of Woddejjipil, construction of thatch huts on each island to promote community building, the finished structure to be used as a women's center/safe house

Community-related recommendations

- Community protection plans promoting zero tolerance
 - Establish monitoring body for implementation
- Trained community workers on each populated island/atoll
 - Encourage family-to-family resolution measures
- Formation of 'women's committees' in each island
- Promotion of new family-centered NGOs to work as partners for implementation of interventions
- Grass-roots primary prevention workshops and materials for distribution in multiple languages (Marshallese, English, i-Kiribati, Chinese)
- Use FHSS trained field researchers for community-based interventions
- Progressive training with significant stakeholders in communities: teachers, health workers, pastors and their wives, council members
- Encourage participation in Family Life Education program

Policy and program-related recommendations

- Institute a national domestic violence hotline system
- Request assistance from Equality Now to support the creation of 'safe spaces' (to link with women's huts)
- Strengthen capacity of EPPSO to ensure active use of data
- Improve data collection in health, justice, education, and social services sectors
- Mandate core funding for NGOs working toward violence prevention and parenting skills
- Mandate core funding for Wa Kuk Wa Jimor to include training support team to address family violence
- Nationally funded safe houses
- Creation of Ministry of Women and Family Affairs
- Creation of National Labor Board
- Creation of National Human Rights mechanism as a stand-alone institution

- Enact gender equality legislation to address aspects of family life such as maternity/paternity leave, equal pay, discrimination in the workplace (for men, women, LGBT)

Public Service Commission (PSC)

- Offenders registry to link with Public Service Commission
- Mandate gender training and workshops for all government employees to address sexual harassment and abuse in the workplace
 - ▷ Also to include information on CEDAW/CRC/DHR
- Open position at Public Service Commission for community worker
- Open position at Public Service Commission for social worker

Ministry of Health

- Upscale mental health programs
- DNA testing for rape cases
- Upskill top nurses and hire nurses with SANE qualification
- Revise and improve procurement processes for hospital supplies (medicines, rape kits, testing kits)
- Outline provider competencies
- Abuse and at-risk screening in coordination with public health, well-woman care, and pre-natal visits
- Assign counsellors for pre-natal counselling
- Conduct men's screenings for perpetrators and potential perpetrators
- Designate safe room at hospital for women and children

Ministry of Education

- Life skills education from elementary to high school
- Prioritize Gender Equity Movement in Schools (GEMS)

Research recommendations

- Curriculum development and revision
 - For Legal Literacy Project
 - Ministry of Education Primary Prevention courses for students, teachers, and administrators

- ❑ Revision of USP/NTC ESD curriculum with updated VAW/IPV modules
- ❑ ESD modules on VAW/IPV for use in non-formal education programs (for example: Juren Ae, Jaki-ed, Jitdam Kapeel, WAM, YtYiH, KUMIT Bobrae, MIEPI)
- Develop monitoring and evaluation framework with outcome, process, and impact indicators
- Integrate 'mixed-method intervention research' to monitor programs
- Integrate action research for continual evaluation and improvement services
- Research to analyse links in child protection risks to later violence issues (intergenerational violence)
 - ❑ Using both CPBR and FHSS data and reports
- Conduct International Men and Gender Equality Survey (IMAGES) which uses modified WHO methodology
- Legislative review of DVPPA
- Multi-level analysis of risk and protective factors to include
 - ❑ Research into traditional family structure, safety nets, child-rearing
- Further study on psychological and emotional violence
- Develop prevention initiatives
- National VAW prevalence study on women with disabilities
- National VAW prevalence study on women from four severely affected atolls (Enewetak, Bikini, Rongelap, Utrik) and those displaced from current missile testing program in Kwajelein (mid-corridor)
- Gender progress report to be prepared annually and presented to Nitijela and Council of Iroij
- Study conducted on domestic and foreign sex workers and prevalence of sex trafficking in the RMI
- National teen pregnancy study
- Economic analysis of direct and indirect costs of VAW in the RMI
- Study on how religions either maintain or challenge attitudes pertaining to VAW (with assistance from Caritas, Baha'i, Action by Churches)



References

- Abramsky T, Watts CH, Garcia-Moreno C, Devries K, Kiss L, Ellsberg M, Jansen HA, Heise L. (2011) What factors are associated with recent intimate partner violence? Findings from the WHO multi-country study on women's health and domestic violence. *BMC Public Health*, 11:109 doi:10.1186/1471-2458-11-109.
- Bassuk E, Dawson R, Huntington N. (2006) Intimate partner violence in extremely poor women: longitudinal patterns and risk markers. *Journal of Family Violence*, 21:387–99.
- Campbell JC. (2002) Health consequences of intimate partner violence. *Lancet*, 359:1331–36.
- Djikanovic, B, Jansen HAFM, Otasevic S. (2010) Factors associated with intimate partner violence against women in Serbia: a cross-sectional study. *Journal of Epidemiology and Community Health*, 64:728–735 doi:10.1136/jech.2009.090415.
- Ellsberg M et al. (2001) Researching domestic violence against women: methodological and ethical considerations. *Studies in Family Planning*, 32:1–16.
- Ellsberg M, Heise L. (2005) *Researching violence against women: a practical guide for researchers and activists*. Washington, DC, US: World Health Organization, PATH.
- Ellsberg M, Jansen HAFM, Heise L, Watts CH, Garcia-Moreno C. (2008) Intimate partner violence and women's physical and mental health in the WHO multi-country study on women's health and domestic violence: an observational study. *Lancet*, 371:1165–72.
- Ellsberg M. (2000) Candies in hell: women's experiences of violence in Nicaragua. *Social Science and Medicine*, 51:1595–1610.
- Fanslow J, Robinson E. (2004) Violence against Women in New Zealand; Prevalence and health consequences. *New Zealand Medical Journal*, 117:1206.
- Fanslow J, Whitehead A, Silva M, Robinson E. (2008) Contraceptive use and associations with intimate partner violence among a population-based sample of New Zealand women. *Australian and New Zealand Journal of Obstetrics and Gynaecology*, 48:83–89.
- Garcia-Moreno C, Jansen HAFM, Ellsberg M, Heise L, Watts C. (2005) *WHO Multi-country Study on Women's Health and Domestic Violence against Women. Initial results on prevalence, health outcomes and women's responses*. Geneva, World Health Organization.
- Garcia-Moreno C, Jansen HAFM, Ellsberg M, Heise L, Watts C. (2006) Prevalence of intimate partner violence: finding from the WHO Multi-country Study on Women's Health and Domestic Violence against Women. *Lancet*, 368:1260–69.
- Gil-Gonzalez D, Vives-Cases C, Alvarez-Dardet C, et al. (2006) Alcohol and intimate partner violence: do we have enough information to act? *European Journal of Public Health* 16:278–84.
- Gil-Gonzalez D, Vives-Cases C, Ruiz MT, et al. (2008) Childhood experiences of violence in perpetrators as a risk factor of intimate partner violence: a systematic review. *Journal of Public Health*, 30:14–22.

- Government of the Republic of Kiribati. (2010) Kiribati Family Health and Support Study: A study on violence against women and children.
- Gracia E, Herrero J. (2006) Acceptability of domestic violence against women in the European Union: a multilevel analysis. *Journal of Epidemiology and Community Health*, 60:123–9.
- GSO/UN. (2010) Keeping silent is dying. Results from the National Study on Domestic Violence against Women in Viet Nam.
- Heise L, Ellsberg M, Gottemoeller M. (1999) Ending violence against women. *Population Report*, 27:1–43.
- Jansen HAFM, Watts C, Ellsberg M, et al. (2004) Interviewer training in the WHO Multi-country study on women's health and domestic violence. *Violence Against Women*, 10:831–49.
- Jansen H, Watts C et al. [2005] WHO Multi-country Study on Women's Health and Life Experiences. Questionnaire for the World Health Organization multi-country study on women's health and domestic violence. Version 10, (Rev. 26 January 2005).
- Jansen HAFM. (2010) Swimming against the Tide: Lessons Learned from Field Research on Violence Against Women in Solomon Islands and Kiribati. UNFPA.
- Jewkes R, Levin J, Penn-Kekana L. (2002) Risk factors for domestic violence: findings from a South African cross-sectional study. *Social Science Medicine*, 55:1603–17.
- Kishor S, Johnson K. (2004) Risk factors for the experience of domestic violence. Profiling domestic violence: a multi-country study. Calverton, MD: Measure DHS+ ORC Macro, 27–52.
- Kishor S, Johnson, K. (2004a) Domestic violence in nine developing countries: a comparative study. Calverton, MD: ORC MACRO International.
- Krantz G, Garcia-Moreno C. (2005) Violence against women. *Journal of Epidemiology and Community Health*, 59: 818–821.
- Krug EG et al, eds. (2002) World report on violence and health. Geneva, World Health Organization.
- McCaw B, Golding JM, Farley M, Minkoff JR. (2007) Domestic violence and abuse, health status and social functioning. *Women's Health*, 45:1–23.
- Moshiro C et al. (2005) Effect of recall in estimation of non-fatal injury rates: a community based study in Tanzania. *Injury Prevention*, 11:48–25.
- Rodriguez E, Lasch KE, Chandra P, et al. (2001) Family violence, employment status, welfare benefits, and alcohol drinking in the United States: what is the relation? *Journal of Epidemiology and Community Health*, 55:172–8.
- Ruiz-Perez I, Plazaola-Castano J, Vives-Cases C. (2007) Methodological issues in the study of violence against women. *Journal of Epidemiology and Community Health*, 61:ii26–31.
- Secretariat of the Pacific Community for Ministry of Women, Youth and Children's Affairs. (2009) Solomon Islands Family Health and Safety Study: A study on violence against women and children.
- Secretariat of the Pacific Community, United Nations Population Fund, Government of Samoa. (2007) The Samoa Family Health and Safety Study.
- Turkish Republic Prime Ministry General Directorate on the Status of Women, Hacettepe University Institute of Population Studies, ICON-Institut Public Sector GmbH and BNB Consulting. (2009) National Research on Domestic Violence against Women in Turkey 2008.
- UNFPA, UNICEF and WHO. (2007) The Maldives Study on Women's Health and Life Experiences – Initial results on prevalence, health outcomes and women's responses to violence. Available at <http://minivannews.com/files/2010/10/Maldives-Study-on-Womens-Health-and-Life-Experiences-2007.pdf>.
- United Nations. (1993) Declaration on the elimination of violence against women. United Nations General Assembly resolution, document A/RES/48/104. New York, NY.

- Vanuatu Women's Centre, Vanuatu National Statistics Office. (2011) The Vanuatu National Survey on Women's Lives and Family Relationships.
- Walton-Moss B, Manganello J, Frye V, et al. (2005) Risk factors for intimate partner violence and associated injury among urban women. *Journal of Community Health*, 30:377–89.
- WHO. (2001) Putting women first: Ethical and safety recommendations for research on domestic violence against women. Geneva: World Health Organization (WHO/FCH/GWH/01.1).

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Annex II. WHO questionnaire – MARSHALLESE

Changes in blue are Marshallese adaption

Republic of Marshall Islands

National Family Health and Safety Study

Version 11

(Rev. 24 Aug2012)

RMI-MIA WUTMI

UNFPA

DFAT

Family Health and Safety Study

ADMINISTRATION FORM HOUSEHOLD SELECTION FORM HOUSEHOLD QUESTIONNAIRE

Study conducted by

Ministry of Internal Affairs

In cooperation with

Women United Together Marshall Islands

With support from

UNFPA and DFAT

ADMINISTRATION FORM

IDENTIFICATION				
COUNTRY CODE			RMI	
ATOLL			[][]	
CLUSTER NUMBER/EA			[][]	
HOUSEHOLD NUMBER			[][][]	
NAME OF HOUSEHOLD HEAD :				
INTERVIEWER VISITS				
	1	2	3	FINAL VISIT
DATE	_____	_____	_____	DAY [][] MONTH [][] YEAR [][][][]
INTERVIEWERS NAME	_____	_____	_____	INTERVIEWER [][]
RESULT***	_____	_____	_____	RESULT [][]
NEXT VISIT: DATE	_____	_____		TOTAL NUMBER
TIME	_____	_____		OF VISITS []
LOCATION	_____	_____		

<p>QUESTIONNAIRES COMPLETED?</p> <p>[] 1. None completed <input type="checkbox"/></p>	<p>*** RESULT CODES</p> <p>Refused (specify): _____</p> <p>_____ 11</p> <p>Dwelling vacant or address not a dwelling 12</p> <p>Dwelling destroyed 13</p> <p>Dwelling not found, not accessible 14</p> <p>Entire hh absent for extended period 15</p> <p>No hh member at home at time of visit... 16</p> <p>Hh respondent postponed interview 17</p> <p>Entire hh speaking only strange language. 18</p>	<p><input type="checkbox"/> Need to return</p> <p><input type="checkbox"/> Need to return</p>	<p>CHECK HH SELECTION FORM:</p> <p>TOTAL IN HOUSEHOLD (Q1) [] []</p> <p>TOTAL ELIGIBLE WOMEN IN HH OF SELECTED WOMAN (Q3, total with YES) [] []</p> <p>LINE NUMBER OF SELECTED FEMALE RESPONDENT (Q3) [] []</p>
<p>[] 2. HH selection form (and in most cases HH questionnaire) only <input type="checkbox"/></p>	<p>Selected woman refused (specify): _____</p> <p>_____ 21</p> <p>No eligible woman in household..... 22</p> <p>Selected woman not at home 23</p> <p>Selected woman postponed interview 24</p> <p>Selected woman incapacitated 25</p>	<p><input type="checkbox"/> Need to return</p> <p><input type="checkbox"/> Need to return</p>	
<p>[] 3. Woman's questionnaire partly <input type="checkbox"/></p>	<p>Does not want to continue (specify) : _____</p> <p>_____ 31</p> <p>Rest of interview postponed to next visit 32</p>	<p><input type="checkbox"/> Need to return</p>	
<p>[] 4. Woman's questionnaire completed <input type="checkbox"/></p>	<p>_____ 41</p>		

LANGUAGE OF QUESTIONNAIRE		[][]
MAIN LANGUAGE OF INTERVIEW 1 = ENGLISH 2 = MARSHALLESE 3 = MIXED		[][]
QUALITY CONTROL PROCEDURE CONDUCTED {1 = yes, 2 = no}		[]
<p>FIELD</p> <p>SUPERVISOR/EDITOR</p> NAME [][] DAY [][] MONTH [][] YEAR [][][][]	<p>OFFICE EDITOR</p> NAME [][] DAY [][] MONTH [][] YEAR [][][][]	<p>ENTERED</p> <p>BY</p> ENTRY 1: _____ ENTRY 2: _____

IF MORE THAN ONE HH IN SELECTED DWELLING: FILL OUT SEPERATE HH SELECTION FORM FOR EACH ONE

HOUSEHOLD SELECTION FORM					
<p>Hello, my name is _____. I am calling on behalf of CENTRE FOR SURVEY RESEARCH. We are conducting a survey in STUDY LOCATION to learn about women's health and life experiences.</p> <p><i>lakwe, eta in _____. Ij itok jen opij eo an Internal Affairs. Kemij komane juon ekkatak kin ejmour kab ta ko kora ro rej ioon e ilo mour ko aer</i></p>					
1	<p>Please can you tell me how many people live here, and share food?</p> <p>PROBE: Does this include children (including infants) living here?</p> <p>Does it include any other people who may not be members of your family, such as domestic servants, lodgers or friends who live here and share food?</p> <p>MAKE SURE THESE PEOPLE ARE INCLUDED IN THE TOTAL</p> <p><i>Komaron ke kwalok jete armij rej jokwe im mona ilo mwiin ippam? Ekoba ke ajri jirik kab ninnin ro rej jokwe imwiin? Ekoba ke armij ro jet me rejab uaan baamle in enwot ri'jerbal, ri'lotok ak ro mottam im rej bar jokwe im mona ippam ilo mwiin?</i></p>			<p>TOTAL NUMBER OF PEOPLE IN HOUSEHOLD</p> <p>[][]</p>	
2	<p>Is the head of the household male or female?</p> <p><i>Kora ke emaan armij eo ej jeban mwiin?</i></p>			<p>MALE1</p> <p>FEMALE2</p> <p>BOTH3</p>	
	FEMALE HOUSEHOLD MEMBERS	RELATIONSHIP TO HEAD OF HH	RESIDENCE	AGE	ELIGIBLE

LINE NUM.	3 Today we would like to talk to one woman from your household. To enable me to identify whom I should talk to, would you please give me the first names of all girls or women who usually live in your household (and share food).	What is the relationship of NAME to the head of the household.* (USE CODES BELOW)	Does NAME usually live here? SPECIAL CASES: SEE (A) BELOW.	How old is NAME? (YEARS, more or less)	SEE CRITERIA BELOW (A +B)
	<i>Rainin jej itok in konono ipen juon ian kora ro ilo mwiin. Non ao maron kelet juon ian kora ro non konono ipen, komaron ke letok etan aolep ledrik ro im kora ro rej jokwe im mona ilo imwiin?</i>	<i>Ta kadkad eo an HH eo non armij in?</i>	<i>Ekka ke an armij in jokwe imwiin?</i> YES NO	<i>Jete an ilo?</i>	YES NO
1			1 2		1 2
2			1 2		1 2
3			1 2		1 2
4			1 2		1 2
5			1 2		1 2
6			1 2		1 2
7			1 2		1 2
8			1 2		1 2
9			1 2		1 2
10			1 2		1 2

CODES	6. MOTHER	12. DOMESTIC SERVANT
1. HEAD	7. MOTHER-IN-LAW	13. LODGER
2. WIFE (PARTNER)	8. SISTER	14. FRIEND
3. DAUGHTER	9. SISTER-IN-LAW	98. OTHER NOT RELATIVE:
4. DAUGHTER-IN-LAW	10. OTHER RELATIVE	_____
5. GRANDDAUGHTER	11. ADOPTED/FOSTER/STEP DAUGHTER	

(A) SPECIAL CASES TO BE CONSIDERED MEMBER OF HOUSEHOLD:

- DOMESTIC SERVANTS IF THEY SLEEP 5 NIGHTS A WEEK OR MORE IN THE HOUSEHOLD.
- VISITORS IF THEY HAVE SLEPT IN THE HOUSEHOLD FOR THE PAST 4 WEEKS.

(B) ELIGIBLE: ANY WOMAN BETWEEN 15 AND 64 YEARS LIVING IN HOUSEHOLD.

MORE THAN ONE ELIGIBLE WOMEN IN HH:

- **RANDOMLY SELECT** ONE ELIGIBLE WOMAN FOR INTERVIEW. TO DO THIS, WRITE THE LINE NUMBERS OF ELIGIBLE WOMEN ON PIECES OF PAPER, AND PUT IN A BAG. ASK A HOUSEHOLD MEMBER TO PICK OUT A NUMBER – SO SELECTING THE PERSON TO BE INTERVIEWED.
- **PUT CIRCLE AROUND LINE NUMBER OF WOMAN SELECTED.** ASK IF YOU CAN TALK WITH THE SELECTED WOMAN. IF SHE IS NOT AT HOME, AGREE ON DATE FOR RETURN VISIT.
- **CONTINUE WITH HOUSEHOLD QUESTIONNAIRE**

NO ELIGIBLE WOMAN IN HH:

- **SAY “I cannot continue because I can only interview women 15–64 years old. Thank you for your assistance.”**
- **FINISH HERE.**

* If both (male and female) are the head, refer to the male.

ADMINISTERED TO ANY RESPONSIBLE ADULT IN HOUSEHOLD

HOUSEHOLD QUESTIONNAIRE			
	QUESTIONS & FILTERS	CODING CATEGORIES	
0	<p>In what type of dwelling is this household located?</p> <p><i>Kain em rōt in?</i></p> <p>OBSERVE</p>	<p>SINGLE HOUSE..... 1</p> <p>MULTI-UNIT RESIDENTIAL (2+ UNITS) 2</p> <p>COMMERCIAL/INDUSTRIAL / AGRICULTURAL BUILDING 3</p> <p>OTHER TYPE OF HOUSING UNIT (BOAT . TRAILER, ETC) 4</p> <p>OTHER: 6</p> <p>DON'T KNOW/DON'T REMEMBER 8</p> <p>REFUSED/NO ANSWER 9</p>	
	<p>If you don't mind, I would like to ask you a few questions about your household.</p> <p>What is the main source of drinking-water for your household?</p> <p><i>Elane eman ipam, inej lewaj jet kajitok ko kon mwiin imom.</i></p> <p><i>Kain dren rot eo komij idraak jen e?</i></p>	<p>TAP/PIPED WATER IN RESIDENCE01</p> <p>OUTSIDE TAP (PIPED WATER) AT HH02</p> <p>RAINWATER COLLECTION/CATCHMENTS03</p> <p>PUBLIC STANDPIPE/WATER PIPE.....04</p> <p>COVERED/PROTECTED WELL.....05</p> <p>UNCOVERED/UNPROTECTED WELL06</p> <p>VENDER PROVIDED/BOTTLED WATER.....07</p> <p>OTHER:96</p> <p>DON'T KNOW/DON'T REMEMBER98</p> <p>REFUSED/NO ANSWER99</p>	

<p>What main type of toilet facility does your household have?</p> <p><i>Kain imōn bwidrej rōt kom ej kōjerbale?</i></p>	<p>FLUSH TOILET CONNECTED TO CENTRAL SEWAGE SYSTEM01</p> <p>FLUSH TOILET TO OWN SEPTIC TANK02</p> <p>WATER-SEALED (WITHOUT FLUSH)03</p> <p>PIT LATRINE 04</p> <p>NO FACILITY/LAGOON 06</p> <p>OTHER: 96</p> <p>DON'T KNOW/DON'T REMEMBER... 98</p> <p>REFUSED/NO ANSWER 99</p>	
<p>What are the main materials used in the roof?</p> <p><i>Borwaj in imwiin ej kōmman jen ta?</i></p> <p>RECORD OBSERVATION OR ASK</p>	<p>GALVANIZED/ALUMINUM TIN 1</p> <p>CONCRETE2</p> <p>WOOD3</p> <p>FIBER GLASS4</p> <p>THATCH5</p> <p>OTHER:6</p> <p>DON'T KNOW/DON'T REMEMBER8</p> <p>REFUSED/NO ANSWER9</p>	
<p>What is the main material used to construct the outer/outside walls of this dwelling?</p> <p><i>Itulikin mwiin ejekkaal kin ta?</i></p> <p>OBSERVE</p>	<p>CONCRETE/BRICK/STONE 1</p> <p>WOOD2</p> <p>GALVANIZED/ALUMINUM3</p> <p>FIBER GLASS4</p> <p>THATCH5</p> <p>OTHER:6</p> <p>DON'T KNOW/DON'T REMEMBER8</p> <p>REFUSED/NO ANSWER9</p>	

5a	<p>What is the main source of lighting used in this household?</p> <p><i>Kom ej ka-meram ak ka-bbōl mwin kin ta?</i></p>	<p>ELECTRICITY (METERED).....01</p> <p>ELECTRICITY (OWN GENERATOR).....02</p> <p>ELECTRICITY (NEIGHBOUR'S)03</p> <p>KEROSENE04</p> <p>SOLAR ENERGY05</p> <p>COCONUT OIL.....06</p> <p>BATTERY07</p> <p>CANDLES.....08</p> <p>OTHER:96</p> <p>DON'T KNOW/DON'T REMEMBER98</p> <p>REFUSED/NO ANSWER99</p>																									
5b	<p>What is the main source of energy used for cooking in this household?</p> <p><i>Ta eo ekkā ami kōjerbal ñon kamat?</i></p>	<p>ELECTRICITY1</p> <p>GAS/PROPANE.....2</p> <p>KEROSENE3</p> <p>SOLAR ENERGY4</p> <p>WOOD, COCONUT HUSKS/SHELLS5</p> <p>OTHER:6</p> <p>DON'T KNOW/DON'T REMEMBER8</p> <p>REFUSED/NO ANSWER9</p>																									
5c	<p>Does any member of your household own:</p> <p><i>Ewor ke ñan rimwin:</i></p> <p>a) A bicycle?</p> <p>b) A motorcycle?<i>wotorbai</i></p> <p>c) A car?<i>Wa</i></p> <p>d) A boat?<i>lon</i></p> <p>e) A wheelbarrow?<i>Riaka</i></p>	<table> <thead> <tr> <th></th><th>YES</th><th>NO</th><th>DK</th></tr> </thead> <tbody> <tr> <td>a) BICYCLE</td><td>1</td><td>2</td><td>8</td></tr> <tr> <td>b) MOTORCYCLE</td><td>1</td><td>2</td><td>8</td></tr> <tr> <td>c) CAR</td><td>1</td><td>2</td><td>8</td></tr> <tr> <td>d) BOAT</td><td>1</td><td>2</td><td>8</td></tr> <tr> <td>e) WHEELBARROW</td><td>1</td><td>2</td><td>8</td></tr> </tbody> </table>		YES	NO	DK	a) BICYCLE	1	2	8	b) MOTORCYCLE	1	2	8	c) CAR	1	2	8	d) BOAT	1	2	8	e) WHEELBARROW	1	2	8	
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	<p>Do people in your household own any land?</p> <p><i>Ewor ke iaan ri'mwiin ewor aer bwirej?</i></p>	<p>YES..... 1</p> <p>NO2</p> <p>DON'T KNOW/DON'T REMEMBER8</p> <p>REFUSED/NO ANSWER9</p>	
	<p>How many rooms in your household are used for sleeping?</p> <p><i>Jete room komij kojebal non kiki?</i></p>	<p>NUMBER OF ROOMS[][]</p> <p>DON'T KNOW/DON'T REMEMBER98</p> <p>REFUSED/NO ANSWER99</p>	
	<p>Are you concerned about the levels of crime in your community (like robberies or assaults)?</p> <p>Would you say that you are not at all concerned, a little concerned, or very concerned?</p> <p><i>Ewor ke am inebata kin jonan joraan ko rej walok ilo jukjuk in bed in (enwot koot ak kakure ko)? Konej ke ba kojab inebata, koj inebata jirik ak elap am inebata?</i></p>	<p>NOT CONCERNED1</p> <p>A LITTLE CONCERNED2</p> <p>VERY CONCERNED3</p> <p>DON'T KNOW/DON'T REMEMBER8</p> <p>REFUSED/NO ANSWER9</p>	
	<p>In the past 4 weeks, has someone from this household been the victim of a crime in this community, such as a robbery or assault?</p> <p><i>Iloan week ko 4 rej jemlak, ewor ke iaan ri'mwiin emoj koote mweien ak kakure/kometak?</i></p>	<p>YES..... 1</p> <p>NO2</p> <p>DON'T KNOW/DON'T REMEMBER8</p> <p>REFUSED/NO ANSWER9</p>	
1	NOTE SEX OF RESPONDENT	<p>MALE 1</p> <p>FEMALE2</p>	

Thank you very much for your assistance.

Family Health and Safety Study

WOMAN'S QUESTIONNAIRE

Study conducted by

Ministry of Internal Affairs

In cooperation with

Women United Together Marshall Islands

With support from

UNFPA and DFAT

Confidential upon completion

INDIVIDUAL CONSENT FORM

Hello, my name is *. I work for *. We are conducting a survey in the Marshall Islands to learn about women's health and life experiences. You have been chosen by chance (as in a lottery/raffle) to participate in the study.

I want to assure you that all of your answers will be kept strictly secret. I will not keep a record of your name or address. You have the right to stop the interview at any time, or to skip any questions that you don't want to answer. There are no right or wrong answers. Some of the topics may be difficult to discuss, but many women have found it useful to have the opportunity to talk.

Your participation is completely voluntary but your experiences could be very helpful to other women in the Marshall Islands.

Do you have any questions?

(The interview takes approximately * minutes to complete.) Do you agree to be interviewed?

Iakwe, eta in... kemij komane jirik ekatak ilo Majol non jela kin ejmour kab ta ko kora ro rej ioon e ilo mour ko aer. Emoj kelet kwe bwe kwon juon eo enej bok kunan ilo ekatak in.

Ikonan ba non kwe ke aolep uaak ko am rejamin riwoj lak non bar juon armij. Iban likit etam kab ia eo kwoj jokwe ie. Ewor am maron in kabojrak in konono kein arro jabrewot ien ak komaron bar ele jen kajitok ko kajab konan uaak i. Ejelak jimwe im bwod in uaak. Jet laan kein konono ko renej jarin eben non komelele kaki, botap ebool kora emoj aer loe ke elap an aurok ien in non aer konono.

Am bebe ne konaaj bok kunaam ilo ekatak in botap aolep melele ko konaaj letok renaaj lukun jiban elon kora ro ilo lal in ad.

Ewor ke am kajitok?

(Kajjitok kein emaron bok 1 awa nan an dedelok.) Kwoj ke erra nan kajjitok in?

NOTE WHETHER RESPONDENT AGREES TO INTERVIEW OR NOT

[] DOES NOT AGREE TO BE INTERVIEWED → THANK PARTICIPANT FOR HER TIME AND END

[] AGREES TO BE INTERVIEWED



Is now a good time to talk?

It's very important that we talk in private. Is this a good place to hold the interview, or is there somewhere else that you would like to go?

Emman ke ien in an arro konaan?

Elukuun aurok bwe kojro in make lak iar ro im konono. Emman ke ijin in arro kajjitokin doon, ak ebar ke wor juon jikin emman kwo konan etal nan e?

TO BE COMPLETED BY INTERVIEWER

I CERTIFY THAT I HAVE READ THE ABOVE CONSENT PROCEDURE TO THE PARTICIPANT.

SIGNED:

DATE OF INTERVIEW: day [][] month [][] year [][][][]

100. RECORD THE TIME	Hour [][] (24 h) Minutes [][]	
SECTION 1 RESPONDENT AND HER COMMUNITY		
QUESTIONS & FILTERS	CODING CATEGORIES	SKIP TO
<p>If you don't mind, I would like to start by asking you a little about <COMMUNITY NAME>.</p> <p><i>Elane eman ippam, ikonon bok melele kon jukjuk in bed eo kwoj jokwe ie.</i></p> <p>INSERT NAME OF COMMUNITY/VILLAGE/NEIGHBOURHOOD ABOVE AND IN QUESTIONS BELOW.</p> <p>IF NO NAME, SAY "IN THIS COMMUNITY/VILLAGE/AREA" AS APPROPRIATE.</p>		
<p>Do neighbours in COMMUNITY NAME generally tend to know each other well?</p> <p><i>Armij rein ilo jukjuk in bed in rejela ke kajeen droon?</i></p>	<p>YES.....1</p> <p>NO.....2</p> <p>DON'T KNOW.....8</p> <p>REFUSED/NO ANSWER9</p>	
<p>If there were a street fight in COMMUNITY NAME would people generally do something to stop it?</p> <p><i>Elane ear wor boktak/kakure ko ilo jukjuk in bed in, armij rein ren ke kar koman jabrewot non kabojrake joraan eo?</i></p>	<p>YES.....1</p> <p>NO.....2</p> <p>DON'T KNOW.....8</p> <p>REFUSED/NO ANSWER9</p>	

<p>If someone in COMMUNITY NAME decided to undertake a community project (INSERT LOCALLY RELEVANT EXAMPLES) would most people be willing to contribute time, labour or money?</p> <p><i>Elane juon armij in jukjuk in bed eo ear lomnak in komane juon an ekatok ak jerbal, armij in ijin renej ke kar monono in jiban kin ien ko aer, jiban ilo jerbal ke ak jiban kin jaan?</i></p>	<p>YES1</p> <p>NO2</p> <p>DON'T KNOW8</p> <p>REFUSED/NO ANSWER9</p>	
<p>In this neighbourhood do most people generally trust one another in matters of lending and borrowing things?</p> <p><i>Ilo jukjuk in bed in, armij ro ie elap ke aer leke droon ilo aer kotlak an droon kojerbal mweien droon ak lelak jaan ilo aer kojatrikrik ke renej bar karooli?</i></p>	<p>YES1</p> <p>NO2</p> <p>DON'T KNOW8</p> <p>REFUSED/NO ANSWER9</p>	
<p>If someone in your family suddenly fell ill or had an accident, would your neighbours offer to help?</p> <p><i>Elane juon iaan ro ilo baamle eo am ar naninmej ak walok joraan non e ilo jirimkij, armij ro rej jokwe iturim renej ke kar lewaj jiban?</i></p>	<p>YES1</p> <p>NO2</p> <p>DON'T KNOW8</p> <p>REFUSED/NO ANSWER9</p>	
<p>I would now like to ask you some questions about yourself.</p> <p>What is your date of birth (day, month and year that you were born)?</p> <p><i>Kio ikonon bok melele kon kwe. Komaron ke letok raan, allon im iio in lotak eo am?</i></p>	<p>DAY [][]</p> <p>MONTH [][]</p> <p>YEAR [][][]</p> <p>DON'T KNOW YEAR 9998</p> <p>REFUSED/NO ANSWER 9999</p>	
<p>How old are you (completed years)?(MORE OR LESS)</p> <p><i>Jete am iio kio?</i></p>	<p>AGE (YEARS) [][]</p>	

	<p>How long have you been living continuously in COMMUNITY NAME?</p> <p><i>Ewi toon am jokwe/kiki ilo bwirej/weto ak jukjuk in bed in?</i></p>	<p>NUMBER OF YEARS[][]</p> <p>LESS THAN 1 YEAR00</p> <p>LIVED ALL HER LIFE95</p> <p>VISITOR (AT LEAST 4 WEEKS IN HOUSEHOLD)96</p> <p>DON'T KNOW/DON'T REMEMBER98</p> <p>REFUSED/NO ANSWER.....99</p>	
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108a	<p>What is your religion?</p> <p><i>Kabun ta eo am?</i></p>	<p>NO RELIGION</p> <p>UNITED CHURCH OF CHRIST (PROTESTANT)</p> <p>ROMAN CATHOLIC</p> <p>ASSEMBLY OF GOD (MIST, ENGLISH SERVICE)</p> <p>JEHOVAH'S WITNESS</p> <p>REFORMED CONGRESSIONAL CHURCH</p> <p>MORMON</p> <p>SEVENTH DAY ADVENTIST (SDA)</p> <p>BUKOT NAN JESUS (BNJ)</p> <p>OTHER (SPECIFY)</p> <p>DON'T KNOW/DON'T REMEMBER</p> <p>REFUSED/NO ANSWER</p>	
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108 b	What is the country of your citizenship or the country you identify with most?	REPUBLIC OF MARSHALL ISLANDS FSM, PALAU OTHER PACIFIC ISLANDS TAIWAN, CHINA, JAPAN, PHILIPPINES OTHER ASIA USA NEW ZEALAND/AUSTRALIA OTHER (SPECIFY) DON'T KNOW/DON'T REMEMBER REFUSED/NO ANSWER	
	Can you read and write? <i>kojela ke riit ak jeje?</i>	YES 1 NO 2 DON'T KNOW/DON'T REMEMBER 8 REFUSED/NO ANSWER 9	
	Have you ever attended school? <i>Konanin ke kar jikuul?</i>	YES 1 NO 2 DON'T KNOW/DON'T REMEMBER 8 REFUSED/NO ANSWER 9	E111c

	<p>a) What is the highest level of education that you achieved? <i>Kilaaj ta eo eliktata kwar jemlak e?</i></p> <p>MARK HIGHEST LEVEL.</p>	<p>ELEMENTARY _____ year</p> <p>HIGH SCHOOL _____ year</p> <p>COLLEGE/UNIV _____ year.....</p>	
	<p>b) INDICATE TOTAL NUMBER OF YEARS SCHOOLING</p>	<p>TOTAL NUMBER OF YEARS SCHOOLING []</p> <p>DON'T KNOW/DON'T REMEMBER98</p> <p>REFUSED/NO ANSWER99</p>	

111 c	<p><u>What is your main daily occupation?</u> <i>Jerbal rot ne kwoj komane aolep raan?</i></p> <p>PROMPT: that can earn you income/wages? <i>Eo komaron elolo jaan jen e?</i></p> <p>[MARK ONE]</p>	<p>NOT WORKING01</p> <p>HOUSEWIFE02</p> <p>STUDENT03</p> <p>AGRICULTURAL WORK04</p> <p>GOVERNMENT05</p> <p>CLERICAL06</p> <p>SMALL BUSINESS.....07</p> <p>PROFESSIONAL08</p> <p>RETIRED09</p> <p>OTHER (SPECIFY)96</p> <p>DON'T KNOW/DON'T REMEMBER98</p> <p>REFUSED/NO ANSWER.....99</p>	

111 d	<p>What is <u>now</u> the main source of income for you and your household?</p> <p><i>Ta eo ekka an ri'mwiin bok aer mour jen e?</i></p> <p>[MARK ONE]</p>	NO INCOME 1 MONEY FROM OWN WORK 2 SUPPORT FROM HUSBAND/PARTNER 3 SUPPORT FROM OTHER RELATIVES 4 PENSION/SOCIAL SECURITY 5 ALAB/4ATOLL/LUA 6 OTHER (SPECIFY) 7 DON'T KNOW/DON'T REMEMBER 8 REFUSED/NO ANSWER..... 9	
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<p>Where did you grow up?</p> <p><i>Kwar drik im ritto lak ia?</i></p> <p>PROBE: Before age 12 where did you live longest?</p> <p><i>Ia eo eto am kar jokwe ie mokta jen an kar 12 am iio?</i></p>	<p>THIS VILLAGE/NEIGHBOURHOOD 1</p> <p>ANOTHER VILLAGE BUT THIS ATOLL 2</p> <p>ANOTHER ATOLL 3</p> <p>ANOTHER COUNTRY..... 4</p> <p>DON'T KNOW/DON'T REMEMBER 8</p> <p>REFUSED/NO ANSWER..... 9</p>	
<p>Do any of your family of birth live close enough by that you can easily see/visit them?</p> <p><i>Ewor ke uaan baamle eo am (jeim/jatim/jinom & jemom) rej jokwe ebaake mwen/mwin imom me komaron lolak er?</i></p>	<p>YES..... 1</p> <p>NO 2</p> <p>LIVING WITH FAMILY OF BIRTH..... 3</p> <p>DON'T KNOW/DON'T REMEMBER 8</p> <p>REFUSED/NO ANSWER..... 9</p>	115
<p>How often do you see or talk to a member of your family of birth? Would you say at least once a week, once a month, once a year, or never?</p> <p><i>Ewi ikutkut in am loe ak konono ipen ro nukum (jeim/jatim)? Komaron ke ba juon alen juon week, juon alen ilo juon allon, juon alen ilo juon iio ke ak kojab lo er?</i></p>	<p>DAILY/AT LEAST ONCE A WEEK 1</p> <p>AT LEAST ONCE A MONTH 2</p> <p>AT LEAST ONCE A YEAR 3</p> <p>NEVER (HARDLY EVER) 4</p> <p>DON'T KNOW/DON'T REMEMBER 8</p> <p>REFUSED/NO ANSWER..... 9</p>	

108a	What is your religion? <i>Kabun ta eo am?</i>	NO RELIGION UNITED CHURCH OF CHRIST (PROTESTANT) ROMAN CATHOLIC ASSEMBLY OF GOD (MIST, ENGLISH SERVICE) JEHOVAH'S WITNESS REFORMED CONGRESSIONAL CHURCH MORMON SEVENTH DAY ADVENTIST (SDA) BUKOT NAN JESUS (BNJ) OTHER (SPECIFY) DON'T KNOW/DON'T REMEMBER REFUSED/NO ANSWER	
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108 b	What is the country of your citizenship or the country you identify with most?	REPUBLIC OF MARSHALL ISLANDS FSM, PALAU OTHER PACIFIC ISLANDS TAIWAN, CHINA, JAPAN, PHILIPPINES OTHER ASIA USA NEW ZEALAND/AUSTRALIA OTHER (SPECIFY) DON'T KNOW/DON'T REMEMBER REFUSED/NO ANSWER	
	Can you read and write? <i>kojela ke riit ak jeje?</i>	YES 1 NO 2 DON'T KNOW/DON'T REMEMBER 8 REFUSED/NO ANSWER 9	
	Have you ever attended school? <i>Konanin ke kar jikuul?</i>	YES 1 NO 2 DON'T KNOW/DON'T REMEMBER 8 REFUSED/NO ANSWER 9	E111c

108a	What is your religion? <i>Kabun ta eo am?</i>	NO RELIGION UNITED CHURCH OF CHRIST (PROTESTANT) ROMAN CATHOLIC ASSEMBLY OF GOD (MIST, ENGLISH SERVICE) JEHOVAH'S WITNESS REFORMED CONGRESSIONAL CHURCH MORMON SEVENTH DAY ADVENTIST (SDA) BUKOT NAN JESUS (BNJ) OTHER (SPECIFY) DON'T KNOW/DON'T REMEMBER REFUSED/NO ANSWER	
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<p>If someone in COMMUNITY NAME decided to undertake a community project (INSERT LOCALLY RELEVANT EXAMPLES) would most people be willing to contribute time, labour or money?</p> <p><i>Elane juon armij in jukjuk in bed eo ear lomnak in komane juon an ekatak ak jerbal, armij in ijin renej ke kar monono in jiban kin len ko aer, jiban ilo jerbal ke ak jiban kin jaan?</i></p>	<p>YES1</p> <p>NO.....2</p> <p>DON'T KNOW8</p> <p>REFUSED/NO ANSWER9</p>	
<p>In this neighbourhood do most people generally trust one another in matters of lending and borrowing things?</p> <p><i>Ilo jukjuk in bed in, armij ro ie elap ke aer leke droon ilo aer kotlak an droon kojerbal mweien droon ak lelak jaan ilo aer kojatrikrik ke renej bar karooli?</i></p>	<p>YES1</p> <p>NO.....2</p> <p>DON'T KNOW8</p> <p>REFUSED/NO ANSWER9</p>	
<p>If someone in your family suddenly fell ill or had an accident, would your neighbours offer to help?</p> <p><i>Elane juon iaan ro ilo baamle eo am ar naninmej ak walok joraan non e ilo jirimkij, armij ro rej jokwe iturim renej ke kar lewaj jiban?</i></p>	<p>YES1</p> <p>NO.....2</p> <p>DON'T KNOW8</p> <p>REFUSED/NO ANSWER9</p>	
<p>I would now like to ask you some questions about yourself.</p> <p>What is your date of birth (day, month and year that you were born)?</p> <p><i>Kio ikonon bok melele kon kwe. Komaron ke letok raan, allon im iio in lotak eo am?</i></p>	<p>DAY [][]</p> <p>MONTH [][]</p> <p>YEAR [][][]</p> <p>DON'T KNOW YEAR 9998</p> <p>REFUSED/NO ANSWER 9999</p>	
<p>How old are you (completed years)?(MORE OR LESS)</p> <p><i>Jete am iio kio?</i></p>	<p>AGE (YEARS) [][]</p>	

(Kajjitok kein emaron bok 1 awa nan an dedelok.) Kwoj ke erra nan kajjitok in?

NOTE WHETHER RESPONDENT AGREES TO INTERVIEW OR NOT

[] DOES NOT AGREE TO BE INTERVIEWED → THANK PARTICIPANT FOR HER TIME AND END

[] AGREES TO BE INTERVIEWED



Is now a good time to talk?

It's very important that we talk in private. Is this a good place to hold the interview, or is there somewhere else that you would like to go?

Emman ke ien in an arro konaan?

Elukuun aurok bwe kojro in make lak iar ro im konono. Emman ke ijin in arro kajjitokin doon, ak ebar ke wor juon jikin emman kwo konan etal nan e?

TO BE COMPLETED BY INTERVIEWER

I CERTIFY THAT I HAVE READ THE ABOVE CONSENT PROCEDURE TO THE PARTICIPANT.

SIGNED:

	<p>How long have you been living continuously in COMMUNITY NAME?</p> <p><i>Ewi toon am jokwe/kiki ilo bwirej/weto ak jukjuk in bed in?</i></p>	<p>NUMBER OF YEARS[][]</p> <p>LESS THAN 1 YEAR00</p> <p>LIVED ALL HER LIFE95</p> <p>VISITOR (AT LEAST 4 WEEKS IN HOUSEHOLD)96</p> <p>DON'T KNOW/DON'T REMEMBER98</p> <p>REFUSED/NO ANSWER.....99</p>	
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DATE OF INTERVIEW: day [][] month [][] year [][][][]

100. RECORD THE TIME	Hour [][] (24 h) Minutes [][]	
SECTION 1 RESPONDENT AND HER COMMUNITY		
QUESTIONS & FILTERS	CODING CATEGORIES	SKIP TO
<p>If you don't mind, I would like to start by asking you a little about <COMMUNITY NAME>.</p> <p><i>Elane eman ippam, ikonon bok melele kon jukjuk in bed eo kwoj jokwe ie.</i></p> <p>INSERT NAME OF COMMUNITY/VILLAGE/NEIGHBOURHOOD ABOVE AND IN QUESTIONS BELOW.</p> <p>IF NO NAME, SAY "IN THIS COMMUNITY/VILLAGE/AREA" AS APPROPRIATE.</p>		
<p>Do neighbours in COMMUNITY NAME generally tend to know each other well?</p> <p><i>Armij rein ilo jukjuk in bed in rejela ke kajeen droon?</i></p>	<p>YES.....1</p> <p>NO.....2</p> <p>DON'T KNOW.....8</p> <p>REFUSED/NO ANSWER9</p>	
<p>If there were a street fight in COMMUNITY NAME would people generally do something to stop it?</p> <p><i>Elane ear wor boktak/kakure ko ilo jukjuk in bed in, armij rein ren ke kar koman jabrewot non kabojrake joraan eo?</i></p>	<p>YES.....1</p> <p>NO.....2</p> <p>DON'T KNOW.....8</p> <p>REFUSED/NO ANSWER9</p>	

INDIVIDUAL CONSENT FORM

Hello, my name is *. I work for *. We are conducting a survey in the Marshall Islands to learn about women's health and life experiences. You have been chosen by chance (as in a lottery/raffle) to participate in the study.

I want to assure you that all of your answers will be kept strictly secret. I will not keep a record of your name or address. You have the right to stop the interview at any time, or to skip any questions that you don't want to answer. There are no right or wrong answers. Some of the topics may be difficult to discuss, but many women have found it useful to have the opportunity to talk.

Your participation is completely voluntary but your experiences could be very helpful to other women in the Marshall Islands.

Do you have any questions?

(The interview takes approximately * minutes to complete.) Do you agree to be interviewed?

Iakwe, eta in... kemij komane jirik ekatak ilo Majol non jela kin ejmour kab ta ko kora ro rej ioon e ilo mour ko aer. Emoj kelet kwe bwe kwon juon eo enej bok kunan ilo ekatak in.

Ikonan ba non kwe ke aolep uaak ko am rejamin riwoj lak non bar juon armij. Iban likit etam kab ia eo kwoj jokwe ie. Ewor am maron in kabojrak in konono kein arro jabrewot ien ak komaron bar ele jen kajitok ko kojab konan uaak i. Ejelak jimwe im bwod in uaak. Jet laan kein konono ko renej jarin eben non komelele kaki, botap ebool kora emoj aer loe ke elap an aurok ien in non aer konono.

Am bebe ne konaaj bok kunaam ilo ekatak in botaap aolep melele ko konaaj letok renaaj lukun jiban elon kora ro ilo lal in ad.

Ewor ke am kajitok?

	<p>In the <u>past 4 weeks</u> did you have problems with performing usual activities, such as work, study, household, family or social activities?</p> <p><i>Iloan week ko emen rej jemlak, ewor ke menin kaban kwe ilo am komane jermal ko am, ekatak ko am, jermal ko ilo mweo, bed ipen baamle eo ak wewein ko jet?</i></p> <p>Please choose from the following 5 options.</p> <p>Would you say no problems, very few problems, some problems, many problems or unable to perform usual activities?</p> <p><i>Ejelak joraan, jeppo joraan, jet joraan, elon joraan kab jab maron komane wewein kein ba kaki.</i></p>	<p>NO PROBLEMS 1</p> <p>VERY FEW PROBLEMS..... 2</p> <p>SOME PROBLEMS 3</p> <p>MANY PROBLEMS 4</p> <p>UNABLE TO PERFORM USUAL ACTIVITIES 5</p> <p>DON'T KNOW/DON'T REMEMBER..... 8</p> <p>REFUSED/NO ANSWER 9</p>	
	<p>In the <u>past 4 weeks</u> have you been in pain or discomfort?</p> <p><i>Iloan week ko emen rej jemlak, ekar ke wor metak ippam ak abnono anbwini?</i></p> <p>Please choose from the following 5 options.</p> <p>Would you say not at all, slight pain or discomfort, moderate, severe or extreme pain or discomfort?</p> <p><i>Ejelak metak, jirik metak, ke ak lukun metak im lap abnono?</i></p>	<p>NO PAIN OR DISCOMFORT 1</p> <p>SLIGHT PAIN OR DISCOMFORT 2</p> <p>MODERATE PAIN OR DISCOMFORT 3</p> <p>SEVERE PAIN OR DISCOMFORT 4</p> <p>EXTREME PAIN OR DISCOMFORT 5</p> <p>DON'T KNOW/DON'T REMEMBER..... 8</p> <p>REFUSED/NO ANSWER 9</p>	

<p>In the past 4 weeks have you had problems with your memory or concentration?</p> <p><i>Iloan week ko emen rej jemlak, ar ke wor am aban ilo am kakememej ak ilo am kolemenlakjen?</i></p> <p>Please choose from the following 5 options.</p> <p>Would you say no problems, very few problems, some problems, many problems or extreme memory or concentration problems?</p> <p><i>Ejelak aban, jirik aban, elon aban ke ak lukun lap aban?</i></p>	<p>NO PROBLEMS 1</p> <p>VERY FEW PROBLEMS..... 2</p> <p>SOME PROBLEMS 3</p> <p>MANY PROBLEMS 4</p> <p>EXTREME MEMORY PROBLEMS 5</p> <p>DON'T KNOW/DON'T REMEMBER..... 8</p> <p>REFUSED/NO ANSWER 9</p>																																			
<p>In the <u>past 4 weeks</u> have you had:</p> <p><i>Ilo wiik ko 4 rej jemlak, kwar:</i></p> <p>a) Dizziness<i>aroboulul</i></p> <p>b) Vaginal discharge <i>toorlak kin dren waan</i></p>	<table><tr><td></td><td>YES</td><td>NO</td><td>DK</td></tr><tr><td>a) DIZZINESS</td><td>1</td><td>2</td><td>8</td></tr><tr><td>b) VAGINAL DISCHARGE</td><td>1</td><td>2</td><td>8</td></tr></table>		YES	NO	DK	a) DIZZINESS	1	2	8	b) VAGINAL DISCHARGE	1	2	8																							
	YES	NO	DK																																	
a) DIZZINESS	1	2	8																																	
b) VAGINAL DISCHARGE	1	2	8																																	
<p>In the <u>past 4 weeks</u>, have you taken medication:</p> <p><i>Iloan week ko emen rej jemlak, kwar ke ebbok/idaak uno</i></p> <p>a) To help you calm down or sleep? <i>Non kaineman kwe ak jiban kwe kiki?</i></p> <p>b) To relieve pain? <i>Non jolak metak?</i></p> <p>c) To help you not feel sad or depressed? <i>Non jiban kwe bwe kwon jab buromoj im inebata?</i></p> <p>FOR EACH, IF YES PROBE:</p> <p>How often? Once or twice, a few times or many times?</p> <p><i>Ewi ikutkut in am kar ebbok/idaak uno? Juon, ke ruo ak elonlak?</i></p>	<table><tr><td></td><td>NO</td><td>ONCE OR TWICE</td><td>A FEW TIMES'</td><td>MANY TIMES</td></tr><tr><td></td><td></td><td></td><td>3</td><td></td></tr><tr><td>a) FOR SLEEP</td><td>1</td><td>2</td><td></td><td>4</td></tr><tr><td></td><td></td><td></td><td>3</td><td></td></tr><tr><td>b) FOR PAIN</td><td>1</td><td>2</td><td></td><td>4</td></tr><tr><td></td><td></td><td></td><td>3</td><td></td></tr><tr><td>c) FOR SADNESS</td><td>1</td><td>2</td><td></td><td>4</td></tr></table>		NO	ONCE OR TWICE	A FEW TIMES'	MANY TIMES				3		a) FOR SLEEP	1	2		4				3		b) FOR PAIN	1	2		4				3		c) FOR SADNESS	1	2		4
	NO	ONCE OR TWICE	A FEW TIMES'	MANY TIMES																																
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			3																																	
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			3																																	
c) FOR SADNESS	1	2		4																																

<p>In the <u>past 4 weeks</u>, did you consult a doctor or other professional or traditional health worker because you yourself were sick? <i>Iloan week ko emen rej jemlak, kwar ke bukot jiban jen Takto ro ak ri'uno ro kinke kwar naninmej?</i></p> <p>IF YES: Whom did you consult? <i>Won eo kwar bukot jiban ipen?</i></p> <p>PROBE: Did you also see anyone else? <i>Ewor ke bar armij kwar etal ipen?</i></p>	<p>NO ONE CONSULTED</p> <p>DOCTOR B</p> <p>NURSE (AUXILIARY)</p> <p>MIDWIFE</p> <p>COUNSELLOR</p> <p>PHARMACIST</p> <p>TRADITIONAL HEALER</p> <p>TRADITIONAL BIRTH ATTENDANT</p> <p>OTHER: _____ ..</p>
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<p>The next questions are related to other common problems that may have bothered you in the <u>past 4 weeks</u>. If you had the problem in the past 4 weeks, answer yes. If you have not had the problem in the past 4 weeks, answer no.</p> <p><i>Kajitok kein kio rej ekejel wot ipen kain joraan ko remaron kar kabnono ki kwe iloan wiik ko 4 rej jemlak. Ne ejelak iaan wewein kein rar walok non kwe ilo wiik ko 4 rej jemlak, uaak jab.</i></p>			
a) Do you often have headaches? <i>Ekutkut ke an metak boram?</i>			
b) Is your appetite poor? <i>Kwe jator ke?</i>		YES	NO
c) Do you sleep badly? <i>Kwoj ke abonono ilo ien am kiki?</i>			
d) Are you easily frightened? <i>Komijakjak ke?</i>	a) HEADACHES	1	2
	b) APPETITE	1	2
	c) SLEEP BADLY	1	2
	d) FRIGHTENED	1	2
e) Do your hands shake? <i>Ej ke wudididid peim?</i>		1	2
f) Do you feel nervous, tense or worried? <i>Kwoj ke kumkum, abonono ak inebata?</i>			
g) Is your digestion poor? <i>Enana ke am kadrelap e mona ko kijom?</i>			
h) Do you have trouble thinking clearly? <i>Enana ke am kolmenlakijen?</i>	e) HANDS SHAKE		
	f) NERVOUS		
	g) DIGESTION		
	h) THINKING	1	2
i) Do you feel unhappy? <i>Kwoj ke einjake am monono?</i>		1	2
j) Do you cry more than usual? <i>Kwo kwikwi lok jen mokta?</i>		1	2
		1	2
k) Do you find it difficult to enjoy your daily activities? <i>Edriklok keam itok limo kon makitkit eo am aolep raan?</i>			
l) Do you find it difficult to make decisions? <i>Eben ke am komman am jokalet?</i>	i) UNHAPPY		
	j) CRY MORE		
	k) NOT ENJOY		
	l) DECISIONS		
m) Is your daily work suffering?			

	<i>Jerbal ko am ilo juon raan aban ke aer tobrak?</i>			
n)	Are you unable to play a useful part in life? <i>Ebin ak aban ke am komeni mein koi m ewor tokijeir ilo mour in?</i>	1	2	
		1	2	
o)	Have you lost interest in things that you used to enjoy? <i>Emoj an jako am monono kin men ko ko kijon monono kaki?</i>	1	2	
p)	Do you feel that you are a worthless person? <i>Koj lomnak ke ejelak tokjem?</i>	m) WORK SUFFERS n) USEFUL PART o) LOST INTEREST p) WORTHLESS	1	2
q)	Has the thought of ending your life been on your mind? <i>Konanin ke kar lomnak in bok make mourn e am?</i>			
r)	Do you feel tired all the time? <i>Komokmok ke aolep ien?</i>			
s)	Do you have uncomfortable feelings in your stomach? <i>Ewor ke abonono ko kwoj enjake ilo lojem?</i>	1	2	
t)	Are you easily tired? <i>Epidodo ke am mok?</i>	q) ENDING LIFE r) FEEL TIRED s) STOMACH t) EASILY TIRED	1	2
		1	2	
		1	2	
		1	2	
		1	2	

<p>Just now we talked about problems that may have bothered you in the past 4 weeks. I would like to ask you now: In your life, have you <u>ever</u> thought about ending your life?</p> <p><i>Ej kab mojarro konono kin aban ko me rar jelet kwe iloa week ko emen rej jemlak. Kio ikonon kajitok lpam: Konanin ke kar lomnak in bok make mour ne am?</i></p>	<p>YES 1</p> <p>NO 2</p> <p>DON'T KNOW/DON'T REMEMBER..... 8</p> <p>REFUSED/NO ANSWER 9</p>	<p>212</p>
<p>Have you <u>ever</u> tried to take your life?</p> <p><i>Konanin ke kar kajeon bok make mour ne am?</i></p>	<p>YES 1</p> <p>NO 2</p> <p>DON'T KNOW/DON'T REMEMBER..... 8</p> <p>REFUSED/NO ANSWER 9</p>	
<p>In the <u>past 12 months</u>, have you had an operation (other than a caesarean section)?</p> <p><i>Iloa allon ko jonoul ruo rej jemlak, kwar ke operation?(ejab mwijmwij in kemour/kolotak en)?</i></p>	<p>YES 1</p> <p>NO 2</p> <p>DON'T KNOW/DON'T REMEMBER..... 8</p> <p>REFUSED/NO ANSWER 9</p>	
<p>In the <u>past 12 months</u>, did you have to spend any nights in a hospital because you were sick (other than to give birth)?</p> <p><i>Iloa allon ko jonoul ruo rej jemlak, kwar ke kiki ilo jikin takto eo (hospital) kinke kwar naninmej (ejab ilo ien am kemour/kolotak)?</i></p> <p>IF YES: How many nights in the past 12 months?</p> <p><i>Ewor jete bon iloa allon ko jonoul ruo rej jemlak?</i></p> <p>(IF DON'T KNOW GET ESTIMATE)</p>	<p>NIGHTS IN HOSPITAL [] []</p> <p>NONE 00</p> <p>DON'T KNOW/DON'T REMEMBER..... 98</p> <p>REFUSED/NO ANSWER 99</p>	

213 a	Have you ever heard of HIV or AIDS? <i>Konanin ke kar ron kin naninmej in HIV ak AIDS?</i>	YES1 NO2 DON'T KNOW/DON'T REMEMBER.....8 REFUSED/NO ANSWER9	
213 b	Is it possible for a person who looks and feels completely healthy to have the AIDS virus? <i>Juon armij eo eman an mour im ejmour am lale, emaron ke wor an naninmej in AIDS?</i>	YES1 NO2 DON'T KNOW/DON'T REMEMBER.....8 REFUSED/NO ANSWER9	
213c	Many people in (COUNTRY) are getting tested for HIV. Have you had an HIV/AIDS test? We do not want to know the result, only if you ever had the test. <i>Ebool armij ilo RMI rej etal im bok kakolkol in HIV. Konanin ke baj etal im kakolkol in HIV/AIDS? Ne kwar baj kakolkol, jejab konan jela jemlak in kakolkol eo.</i>	YES1 NO2 DON'T KNOW/DON'T REMEMBER.....8 REFUSED/NO ANSWER9	
	Do you <u>now</u> smoke..... <i>Kwoj ke kobatat?</i> 1. Daily? <i>Aolep raan?</i> 2. Occasionally? <i>Jejjo ien?</i> 3. Not at all? <i>Kojab non jirik?</i>	DAILY 1 OCCASIONALLY 2 NOT AT ALL 3 DON'T KNOW/DON'T REMEMBER..... 8 REFUSED/NO ANSWER 9	216 216

<p>Have you <u>ever</u> smoked in your life? Did you ever smoke....</p> <p><i>Konanin ke kar kobatat ilo mour ne am?</i></p> <p><i>Kwar ke kobatat....</i></p> <p>1. Daily? (smoking at least once a day) <i>Aolep raan (juon alen lo juon raan)</i></p> <p>2. Occasionally? (at least 100 cigarettes, but never daily) <i>Ewor ien? (driktata 100 jikka ak ejab aolep raan)</i></p> <p>3. Not at all? (not at all, or less than 100 cigarettes in your life time) <i>Jab non jirik? (ejab non jirik, ak ilal in 100 jikka ilo mour ne am)</i></p>	<p>DAILY 1</p> <p>OCCASIONALLY 2</p> <p>NOT AT ALL 3</p> <p>DON'T KNOW/DON'T REMEMBER..... 8</p> <p>REFUSED/NO ANSWER 9</p>	
<p>How often do you drink alcohol? Would you say:</p> <p><i>Ewi ikutkut in am draak drenin kadok? Komaron ke ba:</i></p> <p>1. Every day or nearly every day <i>Aolep raan ak enanin aolep raan</i></p> <p>2. Once or twice a week <i>juon ak ruo alen ilo juon week</i></p> <p>3. 1 – 3 times a month <i>juon non jilu kitten ilo juon allon</i></p> <p>4. Occasionally, less than once a month <i>jet ien, edrik jen juon alen ilo juon allon</i></p> <p>5. Never/<i>Stopped more than a year ago</i> <i>Janin kar/ar bojrak elaplak jen juon ilo emootlak</i></p>	<p>EVERY DAY OR NEARLY EVERY DAY 1</p> <p>ONCE OR TWICE A WEEK 2</p> <p>1 – 3 TIMES IN A MONTH 3</p> <p>LESS THAN ONCE A MONTH 4</p> <p>NEVER 5</p> <p>DON'T KNOW/DON'T REMEMBER..... 8</p> <p>REFUSED/NO ANSWER 9</p>	<p>S.3</p>
<p>On the days that you drank in the past 4 weeks, about how many alcoholic drinks did you usually have a day?</p> <p><i>Ilo raan ko kwar idraak iloon week ko emen rej jemlak, emaron jete drenin kadok kwar idraak iloon juon raan?</i></p>	<p>USUAL NUMBER OF DRINKS [] []</p> <p>NO ALCOHOLIC DRINKS IN PAST 4 WEEKS 0</p>	

In the past 12 months, have you experienced any of the following problems, related to your drinking?	YES	NO
<i>Iloan allon ko 12 rej jemlak, kwar ke ion problem kein im rej walok kin wot am bok drenin kadok?</i>	1	2
a) money problems <i>aban ikijen jaan</i>	1	2
b) health problems <i>ewor ke am naninmej</i>	1	2
c) conflict with family or friends <i>tarbok ko ikotaam ipen baamle ko am ak ro mottam</i>	1	2
d) problems with authorities (bar owner/police, etc) <i>Ewor ke joraan kwar komane im rejelet kakien ko im ewor aer maron.</i>		
x) other, specify. <i>Ko jet, komeleleiki</i>		
a) MONEY PROBLEMS	1	2
b) HEALTH PROBLEMS	1	2
c) CONFLICT WITH FAMILY OR FRIENDS	1	2
d) PROBLEMS WITH AUTHORITIES		
x) OTHER: _____		

SECTION 3 REPRODUCTIVE HEALTH		
<p>Now I would like to ask about all of the children that you may have given birth to during your life.</p> <p><i>Kio ikonon bok melele kin aolepen ajri ro kwar kolotak e er.</i></p>		
<p>Have you ever given birth? How many children have you given birth to that were alive when they were born?</p> <p><i>Konanin ke kar kolotak? Jete nejim ajri rar lotak im mour?</i></p> <p>(INCLUDE BIRTHS WHERE THE BABY DIDN'T LIVE FOR LONG)</p>	<p>NUMBER OF CHILDREN BORN.....[][]</p> <p>IF 1 OR MORE2</p> <p>NONE00</p>	<p>2303</p>
<p>Have you ever been pregnant?</p> <p><i>Konanin ke kar bororo juon alen?</i></p>	<p>YES.....1</p> <p>NO2</p> <p>MAYBE/NOT SURE3</p> <p>DON'T KNOW/DON'T REMEMBER8</p> <p>REFUSED/NO ANSWER.....9</p>	<p>2304</p> <p>2310</p> <p>2310</p> <p>2310</p> <p>2310</p>
<p>How many children do you have, who are alive now?</p> <p><i>Ewor jete nejim, jete rej mour wot?</i></p> <p>RECORD NUMBER</p>	<p>CHILDREN[][]</p> <p>NONE00</p>	
<p>Have you ever given birth to a boy or a girl who was born alive, but later died? This could be at any age.</p> <p><i>Konanin ke kar kolotak juon ajri eo ar lotak im mour inem tok elik ejako?</i></p> <p>IF NO, PROBE: Any baby who cried or showed signs of life but survived for only a few hours or days?</p> <p><i>Ewor ke iaan ajri ro ear lotak im mour iumin jeijo wot awa ak raan ko?</i></p>	<p>YES 1</p> <p>NO</p>	<p>2306</p>

	<p>a) How many sons have died? <i>Jete nejim ladrik emoj aer jako/mij?</i></p> <p>b) How many daughters have died? <i>Jete nejim ledrik emoj aer jako/mij?</i></p> <p>(THIS IS ABOUT ALL AGES)</p>	<p>a) SONS DEAD[][]</p> <p>b) DAUGHTERS DEAD[][]</p> <p>IF NONE ENTER '00'</p>	
	<p>Do (did) all your children have the same biological father, or more than one father?</p> <p><i>Juon wot jemen ajri rane nejim ke ak oktak jemeir?</i></p>	<p>ONE FATHER.....</p> <p>MORE THAN ONE FATHER.....</p> <p>N/A (NEVER HAD LIVE BIRTH) 308</p> <p>DON'T KNOW/DON'T REMEMBER 8</p> <p>REFUSED/NO ANSWER 9</p>	
	<p>How many of your children receive financial support from their father(s)? Would you say none, some or all?</p> <p><i>Jete laan ajri rane nejim rej bok aer jaan in jiban jen ro jemeir? Ejelak, jet, ke aolep?</i></p> <p>IF ONLY ONE CHILD AND SHE SAYS 'YES,' CODE '3' ('ALL').</p>	<p>NONE.....1</p> <p>SOME.....2</p> <p>ALL.....3</p> <p>N/A7</p> <p>DON'T KNOW/DON'T REMEMBER8</p> <p>REFUSED/NO ANSWER.....9</p>	
	<p>How many times have you been pregnant? Include pregnancies that did not end up in a live birth, and if you are pregnant now, your current pregnancy?</p> <p><i>Ewor jete alen am kar bororo, ekoba ien ko ar mij lojeem, im kio ne kwoj bororo?</i></p> <p>PROBE: How many pregnancies were with twins, triplets?<i>Ewor jete ien kwar bororo kin ruo ak jilu ajri?</i></p>	<p>a) TOTAL NO.OF PREGNANCIES.[][]</p> <p>b) PREGNANCIES WITH TWINS[]</p> <p>c) PREGNANCIES WITH TRIPLETS.....[]</p>	
	<p>Have you ever had a pregnancy that miscarried, or ended in a stillbirth? Or an abortion?</p> <p><i>Enanin ke wor juon ien am bororo ej watlak ak lotak im mij? Ak kwar make jolake?</i></p> <p>PROBE: How many times did you miscarry, how many times did you have a stillbirth, and how many times did you abort?<i>Ewor jete alen am loon wewein ke?</i></p>	<p>a) MISCARRIAGES[][]</p> <p>b) STILLBIRTHS[][]</p> <p>c) ABORTIONS[][]</p> <p>IF NONE ENTER '00'</p>	

	Are you pregnant now? <i>Kwo bororo ke kio?</i>	YES.....1 NO2 MAYBE.....3	<input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> B
<p>DO EITHER A OR B: IF PREGNANT NOW ==></p> <p>IF NOT PREGNANT NOW ==></p> <p>VERIFY THAT ADDITION ADDS UP TO THE SAME FIGURE. IF NOT, PROBE AGAIN AND CORRECT.</p>		<p>A. [301] ____ + [309 a+b+c] ____ + 1 = [308a] ____ + [308b] ____ + [2x308c] ____ = ____</p> <p>B. [301] ____ + [309 a+b+c] ____ = [308a] ____ + [308b] ____ + [2x308c] ____ = ____</p>	
1004	How old were you when you first had sex (<i>intercourse</i>)? <i>Ewor jete am ilo jinoin am ioon juon emaan?</i> IF NECESSARY: We define sexual intercourse as oral sex, anal or vaginal penetration.	AGE YEARS (MORE OR LESS) [] [] NOT HAD SEX.....95 REFUSED/NO ANSWER.....99	IS.5
1005	How would you describe the first time that you had sex? Would you say that you wanted to have sex, you did not want to have sex but it happened anyway, or were you forced to have sex? <i>Komaron ke kemeleleiki jinoin tata in am kar ioon juon emaan? Kwar ke konan, ke ta kwar jab konan botapkwat wonmanlak wot im bed ippen leo, ak ewor en ar komman (force) bwe kwon wonmanlak wot im komane wewe in?</i>	WANTED TO HAVE SEX 1 NOT WANT BUT HAD SEX 2 FORCED TO HAVE SEX 3 DON'T KNOW/DON'T REMEMBER 8 REFUSED/NO ANSWER.....9	
1005c	Was the first time you had sex with the person who was (at the time or later) your husband/cohabiting partner, or was it with someone else? <i>Ien eo jinoin tata in am kar ioon emaan ej ipen armij eo beleem kio ke ak ippen bar juon?</i>	HUSBAND/PARTNER.....1 SOMEONE ELSE2 REFUSED /NO ANSWER3	

1005a	<p>The number of sexual partners women have had differs a lot from person to person. Some women report having had one sex partner, some 2 or more, and still others report many, even 50 or more. <u>In your life</u> how many different men have you had sex with?</p> <p><i>Ilo mour ne am, ewor jete emaan emoj am bed ippen?</i></p> <p>IF NEEDED PROBE: More or less; I do not need to know the exact number.</p> <p><i>Kolak antoon e lak, ebool ke eiet; ijab aikuj jela jejjet in oran emaan eo.</i></p>	<p>PARTNERS.....[][]</p> <p>DON'T KNOW/DON'T REMEMBER998</p> <p>REFUSED/NO ANSWER999</p>	
1005b	<p>IF ONE PARTNER IN 1005a; ASK:</p> <p>Did you have sex in the past 12 months?</p> <p><i>Kwar ke bed ippen likao eo iloan allon ko jonoul ruo rej jemlak?</i></p> <p>IF YES, ENTER "01"</p> <p>IF NONE ENTER "00"</p> <p>IF MORE THAN ONE PARTNER IN 1005a, ASK</p> <p>With how many of these men did you have sex in the <u>past 12 months</u>?</p> <p><i>Jete iaan emaan rein kwar bed ippen iloan allon ko jonoul ruo rej jemlak?</i></p>	<p>PARTNERS.....[][]</p> <p>DON'T KNOW/DON'T REMEMBER 98</p> <p>REFUSED/NO ANSWER99</p>	
	<p>Have you <u>ever</u> used anything, or tried in any way, to delay or avoid getting pregnant?</p> <p><i>Ilo mour ne am, kwar ke kojerbal jabrewot wewein ak kajeon kojerbale kein bobrae ko non komman bwe kwon jab bororo?</i></p>	<p>YES.....1</p> <p>NO2</p> <p>N.A. (NEVER HAD INTERCOURSE).....7</p> <p>DON'T KNOW/DON'T REMEMBER8</p> <p>REFUSED/NO ANSWER9</p>	<p>2315</p> <p>2S.5</p>

	<p>Are you <u>currently</u> doing something, or using any method, to delay or avoid getting pregnant?</p> <p><i>Kio, kwoj ke kio kojerbal jabrewot wewein ko non bobrae kwe jen am bororo?</i></p>	<p>YES.....1</p> <p>NO2</p> <p>DON'T KNOW/DON'T REMEMBER8</p> <p>REFUSED/NO ANSWER9</p>	<p>2315</p>
	<p>What (main) method are you <u>currently</u> using?</p> <p><i>Kein bobrae rot ne kwoj kojerbale kio?</i></p> <p>IF MORE THAN ONE, ONLY MARK MAIN METHOD</p>	<p>PILL/TABLETS.....01</p> <p>INJECTABLES.....02</p> <p>IMPLANTS (NORPLANT).....03</p> <p>IUD04</p> <p>DIAPHRAGM/FOAM/JELLY05</p> <p>CALENDAR/MUCUS METHOD06</p> <p>FEMALE STERILIZATION07</p> <p>CONDOMS.....08</p> <p>MALE STERILIZATION.....09</p> <p>WITHDRAWAL10</p> <p>HERBS11</p> <p>DRINKING LOTS OF WATER12</p> <p>OTHER:96</p> <p>DON'T KNOW/DON'T REMEMBER98</p> <p>REFUSED/NO ANSWER99</p>	<p>2315</p> <p>2315</p> <p>2315</p>
	<p>Does your <u>current</u> husband/partner know that you are using a method of family planning?</p> <p><i>Likao eo ippam ejela ke kwoj kojerbal kein bobrae ko?</i></p>	<p>YES.....1</p> <p>NO2</p> <p>N/A: NO CURRENT PARTNER7</p> <p>DON'T KNOW/DON'T REMEMBER8</p>	

		REFUSED/NO ANSWER9	
	<p>Has/did your <u>current/most recent</u> husband/partner ever refused to use a method or tried to stop you from using a method to avoid getting pregnant?</p> <p><i>Likao eo ippam enanin ke kar kabojrak am kojeral wewein ko non bobrak ki eok jen am bororo?</i></p>	<p>YES.....1</p> <p>NO2</p> <p>N.A. (NEVER HAD A PARTNER)....7</p> <p>DON'T KNOW/DON'T REMEMBER8</p> <p>REFUSED/NO ANSWER.....9</p>	<p>317</p> <p>5.4</p> <p>317</p> <p>317</p>
	<p>In what ways did he let you know that he disapproved of using methods to avoid getting pregnant?</p> <p><i>Ilo wewein rot ar kwalok non kwe ke ejab konan bwe kwon kojeral wewein ko non bobrae bororo?</i></p> <p>MARK ALL THAT APPLY</p>	<p>TOLD ME HE DID NOT APPROVEA</p> <p>SHOUTED/GOT ANGRY..... B</p> <p>THREATENED TO BEAT ME C</p> <p>THREATENED TO LEAVE/THROW ME OUT OF HOME D</p> <p>BEAT ME/PHYSICALLY ASSAULTEDE</p> <p>TOOK OR DESTROYED METHOD.....F</p> <p>OTHERX</p>	
	<p>Apart from what you have told me before, I would now like to ask some specific questions about condoms.</p> <p>Have you ever used a condom with your <u>current/most recent</u> partner?</p> <p><i>Ijolokin men ko kwar ba imaanlak, ikonan kio kajitok jet kojitok ko ikijen condoms. Konanin ke kojeral roba (condom) ipen likao eo ippam?</i></p>	<p>YES.....1</p> <p>NO2</p> <p>DON'T KNOW/DON'T REMEMBER8</p> <p>REFUSED/NO ANSWER.....9</p>	<p>318</p>

317a	<p>The last time that you had sex with your <u>current/most recent partner</u> did you use a condom?</p> <p><i>Ilo ien eo eliktata in am kar bed ipen likao eo ippam, komroear ke kojerbal condom?</i></p>	<p>YES.....1</p> <p>NO2</p> <p>DON'T KNOW/DON'T REMEMBER8</p> <p>REFUSED/NO ANSWER9</p>	
	<p>Have you ever asked your <u>current/most recent partner</u> to use a condom?</p> <p><i>Konanin ke kar kajitok ipen likao eo ippam bwe en kojerbal condom?</i></p>	<p>YES.....1</p> <p>NO2</p> <p>DON'T KNOW/DON'T REMEMBER8</p> <p>REFUSED/NO ANSWER9</p>	
	<p>Has your <u>current/most recent husband/partner</u> ever refused to use a condom?</p> <p><i>Likao eo ippam enanin ke kar ba ejableban kojerbal condom?</i></p>	<p>YES.....1</p> <p>NO2</p> <p>DON'T KNOW/DON'T REMEMBER8</p> <p>REFUSED/NO ANSWER9</p>	<p>7S.4</p> <p>7S.4</p> <p>7S.4</p>
	<p>In what ways did he let you know that he disapproved of using a condom?</p> <p><i>Ilo wewin rot ear kwalok non kwe ke ejab konan kojerbal condom?</i></p> <p>MARK ALL THAT APPLY</p>	<p>TOLD ME HE DID NOT APPROVE A</p> <p>SHOUTED/GOT ANGRY..... B</p> <p>THREATENED TO BEAT ME C</p> <p>THREATENED TO LEAVE/THROW ME OUT OF HOME D</p> <p>BEAT ME/PHYSICALLY ASSAULTEDE</p> <p>TOOK OR DESTROYED METHOD.....F</p> <p>ACCUSED ME OF BEING UNFAITHFUL/ NOT A GOOD WOMAN G</p> <p>LAUGHED AT/NOT TAKE ME SERIOUS..... H</p> <p>SAID IT IS NOT NECESSARYI</p>	

		OTHER _____X	
<p>BEFORE STARTING WITH SECTION 4:</p> <p>REVIEW RESPONSES AND MARK REPRODUCTIVE HISTORY ON REFERENCE SHEET, BOX B.</p>			

SECTION 4 CHILDREN

CHECK:	ANY LIVE BIRTHS	NO LIVE BIRTHS []	2S.5
Ref. Sheet, box B, point Q	[]		
(s4bir)	(1)	(2)	
<p>I would like to ask about the last time that you gave birth (Live birth, regardless of whether the child is still alive or not). What is the date of birth of this child?</p> <p><i>Ikonan kio kajitok kin ien eo eliktata in am kar kolotak (lotak im mour mene ajri eo ej mour wot ak ar jako tok elik). Letok mok raan, allon & iio in lotak eo an ajri in?</i></p>		<p>DAY [][]</p> <p>MONTH [][]</p> <p>YEAR [][][]</p>	
<p>What name was given to your last born child?</p> <p><i>Etan ajri eo nejim eliktata?</i></p> <p>Is (NAME) a boy or a girl?</p> <p><i>Ladrik ke ledrik?</i></p>		<p>NAME: _____</p> <p>BOY 1</p> <p>GIRL 2</p>	
<p>Is your last born child (NAME) still alive?</p> <p><i>Ej mour wot ke ajri eo nejim eliktata?</i></p>		<p>YES 1</p> <p>NO 2</p>	2405
<p>How old was (NAME) at his/her last birthday?</p> <p><i>Ewor jete an iio ien eo eliktata in an kar kolak raan eo an?</i></p> <p>RECORD AGE IN COMPLETED YEARS</p> <p>CHECK AGE WITH BIRTH DATE</p>		<p>AGE IN YEARS [][]</p> <p>IF NOT YET COMPLETED 1 YEAR 00</p>	<p>2406</p> <p>2406</p>

	How old was (NAME) when he/she died? <i>Ewor jete an iio ke ej jako/mij?</i>	YEARS [][] MONTHS (IF LESS THAN 1 YEAR).....[][] DAYS (IF LESS THAN 1 MONTH)[][]	
	CHECK IF DATE OF BIRTH OF LAST CHILD (IN Q401) IS MORE OR LESS THAN 5 YEARS AGO	5 OR MORE YEARS AGO 1 LESS THAN 5 YEARS AGO..... 2	2417
	I would like to ask you about your <u>last pregnancy</u> . At the time you became pregnant with this child (NAME), did you want to become pregnant then, did you want to wait until later, did you want no (more) children, or did you not mind either way? <i>Ikonan kajitokinkwe kin ien eo eliktata kwar bororo? Ilo ien eo kwar bororo kin driktata eo nejim (ETAN), kwar ke konan bororo ien eo, kwar konan kotar non tok elik, kwar jab konan bwe en bar wor nejim, ke ta ejelak oktak non kwe?</i>	BECOME PREGNANT THEN 1 WAIT UNTIL LATER..... 2 NOT WANT CHILDREN 3 NOT MIND EITHER WAY..... 4 DON'T KNOW/DON'T REMEMBER 8 REFUSED/NO ANSWER 9	

	<p>At the time you became pregnant with this child (NAME), did your husband/partner want you to become pregnant then, did he want to wait until later, did he want no (more) children at all, or did he not mind either way?</p> <p><i>Ilo ien eo kwar bororo kin (ETAN), leo beleem/ippam ar ke konan bwe kwon bororo tore eo ke ar konan bar kotar non tok elik, ar jab konan bwe en bar wor ajri ke ak ejelak oktak non e?</i></p>	<p>BECOME PREGNANT THEN 1</p> <p>WAIT UNTIL LATER 2</p> <p>NOT WANT CHILDREN 3</p> <p>NOT MIND EITHER WAY 4</p> <p>DON'T KNOW/DON'T REMEMBER 8</p> <p>REFUSED/NO ANSWER 9</p>	
	<p>When you were pregnant with this child (NAME), did you see anyone for an antenatal check?</p> <p><i>Ien eo kwar bororo kin ajri in (ETAN), kwar ke etal non jikin takto ak bok kakolkol in bororo ko?</i></p> <p>IF YES: Whom did you see? <i>Won eo kwar takto ipen?</i></p> <p>Anyone else? <i>Ebar ke wor?</i></p> <p>MARK ALL THAT APPLY</p>	<p>NO ONE A</p> <p>DOCTOR B</p> <p>OBSTETRICIAN/GYNAECOLOGIST C</p> <p>NURSE/MIDWIFE D</p> <p>AUXILIARY NURSE E</p> <p>TRADITIONAL BIRTH ATTENDANT F</p> <p>OTHER: _____</p> <p>_____ X</p>	

	<p>Did your husband/partner stop you, encourage you, or have no interest in whether you received antenatal care for your pregnancy?</p> <p><i>Likao eo ippam ar ke kabojrak kwe, ke ak jutak ilikim ke ak ejelak an kea ne kwar kakolkol ilo ien eo kwoj bororo?</i></p>	<p>STOP..... 1</p> <p>ENCOURAGE 2</p> <p>NO INTEREST 3</p> <p>DON'T KNOW/DON'T REMEMBER 8</p> <p>REFUSED/NO ANSWER 9</p>	
	<p>When you were pregnant with this child, did your husband/partner have preference for a son, a daughter or did it not matter to him whether it was a boy or a girl?</p> <p><i>Ien eo kwar bororo kin ajri in, leo ippam ar konan ke bwe en ledrik, ladrik ke ak ejelak oktak non e?</i></p>	<p>SON 1</p> <p>DAUGHTER 2</p> <p>DID NOT MATTER..... 3</p> <p>DON'T KNOW/DON'T REMEMBER 8</p> <p>REFUSED/NO ANSWER 9</p>	
	<p>During this pregnancy, did you consume any alcoholic drinks?</p> <p><i>Ilo ien ne kwar bororo, kwar ke idraak drennin kadok?</i></p>	<p>YES 1</p> <p>NO 2</p> <p>DON'T KNOW/DON'T REMEMBER 8</p> <p>REFUSED/NO ANSWER 9</p>	

	<p>During this pregnancy, did you smoke any cigarettes or use tobacco?</p> <p><i>Ilo ien ne kwar bororo, kwar ke kobatat ak kojerbal Copenhagen im men ko eier lak wot?</i></p>	<p>YES 1</p> <p>NO 2</p> <p>DON'T KNOW/DON'T REMEMBER 8</p> <p>REFUSED/NO ANSWER 9</p>	
	<p>Were you given a (postnatal) check-up at any time during the 6 weeks after delivery?</p> <p><i>Kwar ke bok kakolkol in bororo iloan week ko jiljino elkin am kar kolotak?</i></p>	<p>YES 1</p> <p>NO 2</p> <p>NO, CHILD NOT YET SIX WEEKS OLD 3</p> <p>DON'T KNOW/DON'T REMEMBER 8</p> <p>REFUSED/NO ANSWER 9</p>	
	<p>Was this child (NAME) weighed at birth?</p> <p><i>Rar ke bok jete eddroin ajri in (ETAN) ilo ien eo ear lotak?</i></p>	<p>YES 1</p> <p>NO 2</p> <p>DON'T KNOW /DON'T REMEMBER 8</p> <p>REFUSED/NO ANSWER 9</p>	<p>2417</p> <p>2417</p>

How much did he/she weigh? <i>Kar jete eddro in?</i> <
--

		1 2 8	
	Of these children (ages 5-12 years), how many of your boys and how many of your girls have ever run away from home? <i>Ibwiljin ajri rein nejim im (5 – 12 iio), jete ladrik ak ledrik emoj aer kar ko jen mweo?</i>	a) NUMBER OF BOYS RUN AWAY [] b) NUMBER OF GIRLS RUN AWAY..... [] IF NONE ENTER '0'	
	Of these children (ages 5-12 years), how many of your boys and how many of your girls are studying/in school? <i>Ibwiljin ajri rein nejim im (5-12 iio), jete ladrik ak ledrik rej jikuul?</i>	a) BOYS [] b) GIRLS..... [] IF "0" FOR BOTH SEXES = = = GO TO 2S.5	2S.5
	Have any of these children had to repeat (failed) a year at school? <i>Ewor ke iaan ajri rein renanin kar aikuj bar ripiiti juon kilaaj?</i> MAKE SURE ONLY CHILDREN AGED 5-12 YEARS.	YES1 NO.....2 DON'T KNOW/DON'T REMEMBER.....8 REFUSED/NO ANSWER9	

	Have any of these children stopped school for a while or dropped out of school?	YES	1
		NO	2
	<i>Ewor ke iaan ajri rein ear bojrak jirik jen jikuul ak ar jolak on jikuul?</i>	DON'T KNOW/DON'T REMEMBER	8
		REFUSED/NO ANSWER	9
	MAKE SURE ONLY CHILDREN AGED 5-12 YEARS.		

SECTION 5 CURRENT OR MOST RECENT PARTNER				
CHECK: Ref. sheet, Box A (s5mar)	CURRENTLY MARRIED, OR LIVING WITH A MAN/ENGAGED OR DATING A MALE PARTNER (Options K, L) [] (1)	FORMERLY MARRIED/LIVING WITH A MAN/ENGAGED OR DATING A MALE PARTNER (Option M) [] (2)	NEVER MARRIED/NEVER LIVED WITH A MAN (NEVER MALE PARTNER) (Option N) [] (3)	ES.6
	I would now like you to tell me a little about your current/most recent husband/partner. How old is your husband/partner (completed years)? <i>Kio kajjitok kein rej ikaijen leo belele/leo mokta lok. Jet an leo iio kio?</i> PROBE: MORE OR LESS IF MOST RECENT PARTNER DIED: How old would he be now if he were alive? <i>Enej kar jete an iio kio ne ar mour wot?</i>	AGE (YEARS)[][]		
	In what year was he born? <i>Iio ta ear lotak ie?</i>	YEAR.....[][][] DON'T KNOW/DON'T REMEMBER.....9998 REFUSED/NO ANSWER9999		
502 a	Where is he from? Is he from the same community or town as you? <i>Ej itok jen ia? Ej ke itok jen ejja weto/jukjuk in bed eo kwoj itok jen e?</i>	THIS VILLAGE/NEIGHBOURHOOD1 ANOTHER VILLAGE BUT THIS ATOLL2 ANOTHER ATOLL3 ANOTHER COUNTRY4 DON'T KNOW/DON'T REMEMBER.....8 REFUSED/NO ANSWER9		

	Can (could) he read and write? <i>Ejela ke riit ak jeje?</i>	YES1 NO2 DON'T KNOW/DON'T REMEMBER.....8 REFUSED/NO ANSWER9	
	Did he ever attend school? <i>Enanin ke kar jikuul?</i>	YES 1 NO DON'T KNOW/DON'T REMEMBER..... REFUSED/NO ANSWER	2506
	<p>a) What is the highest level of education that he achieved? <i>Kilaaj jete eo eliktata ear jemlok ie?</i></p> <p>MARK HIGHEST LEVEL.</p> <p>b) INDICATE TOTAL NUMBER OF YEARS SCHOOLING</p>	ELEMENTARY year1 HIGH SCHOOL year2 COLLEGE/UNIV year3 DON'T KNOW8 TOTAL NUMBER OF YEARS SCHOOLING [][] DON'T KNOW/DON'T REMEMBER.....98 REFUSED/NO ANSWER99	
	<p>IF CURRENTLY WITH PARTNER: Is he currently working, looking for work or unemployed, retired or studying? <i>Ej jerbal ke, ak kabbok wot an jerbal, ak ejab jerbal, emoj an un iio in an jerbal ke ak, ej jikuul?</i></p> <p>IF NOT CURRENTLY WITH PARTNER: Towards the end of your relationship was he working, looking for work or unemployed, retired or studying? <i>Ilo jemlakin lak bed eo amiro, earke jerbal, kabbok an jerbal, jako an jerbal, un an iio in</i></p>	WORKING1 LOOKING FOR WORK/UNEMPLOYED.....2 RETIRED3 STUDENT4 DISABLED/LONG TERM SICK5 DON'T KNOW/DON'T REMEMBER.....8 REFUSED/NO ANSWER9	2508 2508 2509

	<i>jerbal ke aj ar jikuul?</i>		
	<p>When did his last job finish? Was it in the past 4 weeks, between 4 weeks and 12 months ago, or before that? (FOR MOST RECENT HUSBAND/PARTNER: in the last 4 weeks or in the last 12 months of your relationship?)</p> <p><i>Naat eo jerbal eo an eliktata ar jemlak? Iloan week ko emen rej jemlak ke ak kotoan week ko emen im allon ko jonoul ruo rej mootlak ke, ak mokta lak?</i></p>	<p>IN THE PAST 4 WEEKS1</p> <p>4 WKS - 12 MONTHS AGO.....2</p> <p>MORE THAN 12 MONTHS AGO.....3</p> <p>NEVER HAD A JOB.....4</p> <p>DON'T KNOW/DON'T REMEMBER.....8</p> <p>REFUSED/NO ANSWER9</p>	2509
	<p>What kind of work does/did he normally do?</p> <p><i>Kain jerbal rot eo ekka an komane?</i></p> <p>SPECIFY KIND OF WORK</p>	<p>PROFESSIONAL:01</p> <p>SEMI-SKILLED:02</p> <p>UNSKILLED/MANUAL:03</p> <p>MILITARY/POLICE:04</p> <p>OTHER:96</p> <p>DON'T KNOW/DON'T REMEMBER.....98</p> <p>REFUSED/NO ANSWER 99</p>	

	<p>How often does/did your husband/partner drink alcohol? <i>Ewi ikutkut in an leo beleem/ippam idraak drenin kadok?</i></p> <p>1. Every day or nearly every day <i>aolep raan ak eitit aolep raan</i></p> <p>2. Once or twice a week <i>juon ak ruo alen ilo juon week</i></p> <p>3. 1–3 times a month <i>1 – 3 alen iloan juon allon</i></p> <p>4. Occasionally, less than once a month <i>ewor ien ak edrik jen juon alen iloan juon allon</i></p> <p>5. Never/less than once a year/stopped more than a year ago <i>Ejanin/edrik jen juon alen lo juon iio/ar bojrak elon lak jen juon iio emotlak</i></p>	<p>EVERY DAY OR NEARLY EVERY DAY1</p> <p>ONCE OR TWICE A WEEK2</p> <p>1–3 TIMES IN A MONTH3</p> <p>LESS THAN ONCE A MONTH4</p> <p>NEVER5</p> <p>DON'T KNOW/DON'T REMEMBER 8</p> <p>REFUSED/NO ANSWER 9</p>	2512												
	<p>In the <u>past 12 months</u>(In the last 12 months of your last relationship), how often have you seen (did you see) your husband/partner drunk? Would you say most days, weekly, once a month, less than once a month, or never?</p> <p><i>Iloan allon ko jonoul ruo rej jemlak (Iloan aillon ko jonoul ruo eliktata ilo kar pad io amiro) ilo mour in belele ne am, ewi ikutkut in am loe an likao eo ippam kadok ak tub – aolep raan, aolep wiik, juon katten ilo juon allon ak ejab kijon.</i></p>	<p>MOST DAYS.....1</p> <p>WEEKLY2</p> <p>ONCE A MONTH.....3</p> <p>LESS THAN ONCE A MONTH4</p> <p>NEVER5</p> <p>DON'T KNOW/DON'T REMEMBER.....8</p> <p>REFUSED/NO ANSWER9</p>													
	<p>In the <u>past 12 months</u> (In the last 12 months of your relationship), have you experienced any of the following problems, related to your husband/partner's drinking?</p> <p><i>Ilo allon ko jonoul ruo rej jemlak (Iloan aillon ko jonoul ruo eliktata ilo kar pad io amiro), konanin ke kar ioon kain aban kein ilo mour in belele ne am kin an likao eo ippam kadok?</i></p> <p>a) Money problems<i>Aban kin jaan</i></p> <p>b) Family problems<i>Boktak ko ilowan baamle eo</i></p> <p>x) Any other problems, specify.<i>Aban ak joraan ko jet, kemeleleiki.</i></p>	<table><tr><td></td><td>YES</td><td>NO</td></tr><tr><td>a) MONEY PROBLEMS</td><td>1</td><td>2</td></tr><tr><td>b) FAMILY PROBLEMS</td><td>1</td><td>2</td></tr><tr><td>x) OTHER: _____</td><td></td><td></td></tr></table>		YES	NO	a) MONEY PROBLEMS	1	2	b) FAMILY PROBLEMS	1	2	x) OTHER: _____			
	YES	NO													
a) MONEY PROBLEMS	1	2													
b) FAMILY PROBLEMS	1	2													
x) OTHER: _____															

	<p>Does/did your husband/partner ever use drugs? <i>Likao eo kar ippam ippam ej ke kojerbal uno/men ko rekajoor?</i></p> <p>Would you say:</p> <ol style="list-style-type: none"> 1. Every day or nearly every day <i>Enanin aolep raan</i> 2. Once or twice a week <i>Juon ak ruo alen ilo juon week</i> 3. 1 – 3 times a month <i>1-3 alen ilo juon allone</i> 4. Occasionally, less than once a month <i>Ewor jet ien ak eiet jen juon alen ilo juon allon</i> 5. Never <i>Ejanin kar</i> 	<p>EVERY DAY OR NEARLY EVERY DAY1</p> <p>ONCE OR TWICE A WEEK2</p> <p>1 – 3 TIMES IN A MONTH.....3</p> <p>LESS THAN ONCE A MONTH4</p> <p>NEVER5</p> <p>IN THE PAST, NOT NOW 6</p> <p>DON'T KNOW /DON'T REMEMBER.....8</p> <p>REFUSED/NO ANSWER9</p>	
	<p>Since you have known him, has he ever been involved in a physical fight with another man?</p> <p><i>Jen jinoin am jela kajeen likao eo ippam, enanin ke kar ire ipen bar juon emaan?</i></p>	<p>YES1</p> <p>NO2</p> <p>DON'T KNOW /DON'T REMEMBER.....8</p> <p>REFUSED/NO ANSWER9</p>	<p>2515</p> <p>2515</p>
	<p>In the <u>past 12 months</u> (In the <u>last 12 months</u> of the relationship), has this happened once or twice, a few times, many times or never?</p> <p><i>Iloan allon ko jonoul ruo in amiro bed ippen dron (Iloan aillon ko jonoul ruo eliktata ilo kar pad io amiro), ekar ke walok endrein juon ak ruo alen ke, jejjo ien ke, elon ien ke ak ejanin kar walok eindrein?</i></p>	<p>NEVER1</p> <p>ONCE OR TWICE.....2</p> <p>A FEW (3-5) TIMES.....3</p> <p>MANY (MORE THAN 5) TIMES4</p> <p>DON'T KNOW /DON'T REMEMBER.....8</p> <p>REFUSED/NO ANSWER9</p>	
	<p>Has your <u>current/most recent</u> husband/partner had a relationship with any other women while being with you? <i>Likao eo ippam kia enanin ke elolo jen kwe?</i></p>	<p>YES1</p> <p>NO2</p> <p>MAY HAVE3</p> <p>DON'T KNOW /DON'T REMEMBER.....8</p> <p>REFUSED/NO ANSWER9</p>	<p>25.6</p> <p>25.6</p>

	<p>Has your <u>current/most recent</u> husband/partner had children with any other woman while being with you?</p> <p><i>Likao eo ippam kio enanin ke wor nejin ipen bar juon kora kio ke komiro ej belele?</i></p>	<p>YES 1</p> <p>NO </p> <p>MAY HAVE</p> <p>DON'T KNOW /DON'T REMEMBER.....</p> <p>REFUSED/NO ANSWER</p>	
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SECTION 6 ATTITUDES

	<p>In this community and elsewhere, people have different ideas about families and what is acceptable behavior for men and women in the home. I am going to read you a list of statements, and I would like you to tell me whether you generally agree or disagree with the statement. There are no right or wrong answers.</p> <p><i>Ilo jukjuk in bed eo im bar ijoko jet, ekajojo an armij lomnak kin ta makitkit ko rekkar im bolemeer non an emaan im kora ro komani ilo imoko mweer. Inaj riit I waj jet komelele ko im ikonon bwe kwon ba elane kwaj erra ak jab erra ilo komelele eo.</i></p>		
	<p>A good wife obeys her husband even if she disagrees <i>Juon kora ej bokake leo belele mene ejab erra ipen</i></p>	<p>AGREE 1</p> <p>DISAGREE..... 2</p> <p>DON'T KNOW 8</p> <p>REFUSED/NO ANSWER 9</p>	
603	<p>It is important for a man to show his wife/partner who is the boss <i>Aurok bwe juon emaan en kwalok non kora eo ippen won eo ej BOSS</i></p>	<p>AGREE 1</p> <p>DISAGREE..... 2</p> <p>DON'T KNOW 8</p> <p>REFUSED/NO ANSWER 9</p>	
604			
605	<p>It's a wife's obligation to have sex with her husband even if she doesn't feel like it <i>An kora eo eddro non bed ipen likao eo ipen mene ejab konan</i></p>	<p>AGREE 1</p> <p>DISAGREE..... 2</p> <p>DON'T KNOW 8</p> <p>REFUSED/NO ANSWER 9</p>	

606					
607	<p>In your opinion, does a man have a good reason to hit his wife if:<i>Ilo tomak eo am make, ewor ke an emaan eo maron non an mane kora eo ippen elane:</i></p> <p>a) She does not complete her household work to his satisfaction <i>Ejjab kadredrelak jerbal ko ilo mweo ekkar non konan eo ao leo</i></p> <p>b) She disobeys him <i>Ejab bokake leo</i></p> <p>c) She refuses to have sexual relations with him <i>Ejab konan bed ipen leo</i></p> <p>d) She asks him whether he has other girlfriends <i>Ej kajitok ipen leo ippen ej ke elolo jen e</i></p> <p>e) He suspects that she is unfaithful <i>Ne leo ej lomnak etoon e kora eo</i></p> <p>f) He finds out that she has been unfaithful <i>Ne ejela ke kora eo ej riab e ak ej elolo jen e</i></p>	<p>a) HOUSEHOLD</p> <p>b) DISOBEYS</p> <p>c) NO SEX</p> <p>d) GIRLFRIENDS</p> <p>e) SUSPECTS</p> <p>f) UNFAITHFUL</p>	<p>YES</p> <p>1</p> <p>1</p> <p>1</p> <p>1</p> <p>1</p>	<p>NO</p> <p>2</p> <p>2</p> <p>2</p> <p>2</p> <p>2</p>	<p>DK</p> <p>8</p> <p>8</p> <p>8</p> <p>8</p> <p>8</p>
608	<p>In your opinion, can a married woman refuse to have sex with her husband if:</p> <p><i>Juon kora eo emoj an bok kalimur ipen likao eo ippen, emaron ke ba ejjab konan bed ipen likao eo ippen elane:</i></p> <p>a) She doesn't want to <i>Ejab konan</i></p> <p>b) He is drunk<i>Ekadok leo</i></p> <p>c) She is sick<i>Enaninmej kora eo</i></p> <p>d) He mistreats her<i>Ejab emman an leo komman non e</i></p>	<p>a) NOT WANT</p> <p>b) DRUNK</p> <p>c) SICK</p> <p>d) MISTREAT</p>	<p>YES</p> <p>1</p> <p>1</p> <p>1</p>	<p>NO</p> <p>2</p> <p>2</p> <p>2</p>	<p>DK</p> <p>8</p> <p>8</p> <p>8</p>

SECTION 7 RESPONDENT AND HER PARTNER

CHECK:	EVER MARRIED/EVER LIVING WITH A MAN/MALE PARTNER	NEVER MARRIED/NEVER LIVED WITH A MAN/NEVER MALEPARTNER
Ref. sheet, Box A	(Options K, L, M) []	(Option N) []
	(1)	(2)
		ES.10

(s7mar)

When two people marry or live together, they usually share both good and bad moments. I would now like to ask you some questions about your current and past relationships and how your husband/partner treats (treated) you. If anyone interrupts us I will change the topic of conversation. I would again like to assure you that your answers will be kept secret, and that you do not have to answer any questions that you do not want to. May I continue?

Ne ruo armij rej belele im jokwe ippen droon, ekka aer ioon elon men ko remman ak renana. Kio ikonon kajitok kin mour in belele ko am jen jinoin non kio im elemen an kar likao eo (ro) beleem komman non kwe. Elane enaj wor armij etok, inej ukot kajitok ka. Ikonan bar ba ke aolep uaak ko am renaaj ao wot im kem baj karuojilak, im am bebe ne kojab konan uaak e jet kajitok. Imaron ke wonmanlak wot?

In general, do (did) you and your (current or most recent) husband/partner discuss the following topics together:

Komiro ej ke liko eo ippam kio (eo eliktata) konono ak bok an droon lomnak kin melele kein ilal:

a) Things that have happened to him in the day

Ta ko rej walok non leo iloon juon raan

b) Things that happen to you during the day

Ta ko rej walok non kwe ilo juon raan

c) Your worries or feelings

inebata im abnono ko am

d) His worries or feelings

inebata im abnono ko an leo

YES NO DK

a) HIS DAY 1 2 8

b) YOUR DAY 1 2 8

c) YOUR WORRIES 1 2 8

d) HIS WORRIES 1 2 8

1 2 8

	<p>In your relationship with your (current or most recent) husband/partner, how often would you say that you quarrelled? Would you say rarely, sometimes or often? <i>Ilo am mour in belele ipen likao eo ippam kio (eo eliktata), ewi ikutkut in amiro akweel? Komaron ke ba ejeja, jet ieen ke aolep ien?</i></p>	<p>RARELY 1</p> <p>SOMETIMES 2</p> <p>OFTEN 3</p> <p>DON'T KNOW/DON'T REMEMBER 8</p> <p>REFUSED/NO ANSWER..... 9</p>	
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<p>I am now going to ask you about some situations that are true for many women. Thinking about your (current or most recent) husband/partner, would you say it is generally true that he:</p> <p><i>Kio ij tin kajitkin eok kin jet wewein ko remool non elon kora. Ilo am lomnak kin leo ippam kio ak ro mokta lak jen e, konej ke kar ba emool ke ej:</i></p> <p>a) Tries to keep you from seeing your friends <i>ej kajeon komman bwe kwon jab lo armij ro mottam</i></p> <p>b) Tries to restrict contact with your family of birth <i>kajeon bobrae kwe jen am kebaak ro nukim ak ro ilo baamle eo am</i></p> <p>c) Insists on knowing where you are at all times <i>ej kajitok im konan jela ia ko kwoj bed ie aolep ien</i></p> <p>d)</p> <p>e) Gets angry if you speak with another man <i>ellu ne kwoj konono ipen bar juon emaan</i></p> <p>f) Is often suspicious that you are unfaithful <i>ekka an lomnak ke kojjab mool non e</i></p> <p>g) Expects you to ask his permission before seeking health care for yourself <i>ej ba kwoj aikuj bok am melim ippen mokta jen am etal in bok kakolkol ilo jikin ejmour eo</i></p> <p>h) Your husband/partner refuses to give you enough money for household expenses, even when he has money for other things? <i>Leo ippam ejjab konan lewaj jaan non aikuj ko an ri'moveo mene ewor an jaan non men ko jet?</i></p>	<p>A)</p>	<p>B) ONLY ASK IF 'YES' IN 703A</p> <p>Has this happened in the past 12 months?</p> <p>YES NO</p>
<p>a) SEEING FRIENDS</p>	<p>1 2</p>	<p>1 2</p>
<p>b) CONTACT FAMILY</p>	<p>1 2</p>	<p>1 2</p>
<p>c) WANTS TO KNOW</p>	<p>1 2</p>	<p>1 2</p>
<p>e) GETS ANGRY</p>	<p>1 2</p>	<p>1 2</p>
<p>f) SUSPICIOUS</p>	<p>1 2</p>	<p>1 2</p>
<p>g) HEALTH CARE</p>	<p>1 2</p>	<p>1 2</p>
<p>h) REFUSES MONEY</p>	<p>1 2</p>	<p>1 2</p>

CHECK: Question 703	MARK WHEN YES FOR ANY ACT (AT LEAST ONE "1" CIRCLED IN COLUMN A) []	MARK WHEN ALL ANSWERS NO CIRCLED (ONLY "2" CIRCLED IN COLUMN A) []	
			704
703 k	<p>Was the behavior you just talked about (mention acts reported in V703) by your current or most recent husband/partner, by any other partner that you may have had before or both?</p> <p><i>Wewein ko rar walok im ej kab moj am konono kaki ilo v703, rar walok jen likao eo ippam kio ke, ro ippam mokta lak ke ak er jimor?</i></p>	<p>CURRENT/MOST RECENT HUSBAND/ PARTNER1</p> <p>PREVIOUS HUSBAND/PARTNER.....2</p> <p>BOTH.....3</p> <p>DON'T KNOW/DON'T REMEMBER.....8</p> <p>REFUSED/NO ANSWER9</p>	

<p>The next questions are about things that happen to many women, and that your current partner, or any other partner may have done to you.</p> <p><i>Kajitok kein kio rej kon wewein ko emoj aer walok non elon kora, im likao eo ippam ak ro kar mokta lak remaron kar komane non eok.</i></p> <p>Has your <u>current</u> husband/partner, or <u>any</u> other <u>partner</u> ever....</p> <p><i>Likao eo ippam ak ro mokta lak renanin ke kar</i></p>	<p>A)</p> <p>(If YES continue with B. If NO skip to next item)</p> <p>YES NO</p>	<p>B)</p> <p>Has this happened in the past 12 months?</p> <p><i>Ear ke walok endrein iloan allon ko jonoul ruo rej jemlak?</i></p> <p>(If YES ask C and D. If NO ask D only)</p> <p>YES NO</p>	<p>C)</p> <p>In the past 12 months would you say that this has happened once, a few times or many times?</p> <p><i>Iloan allon ko jonoul ruo rej jemlak, ear ke walok juon katten, jeijo katten, ke elon katten?</i></p> <p>One Few Many</p>	<p>D)</p> <p>Did this happen <u>before the past 12 months?</u></p> <p>IF YES: would you say that this has happened once, a few times or many times?</p> <p><i>Wewein in ear ke walok mokta jen allon ko 12 rej jemlak? Elane AET, konej ke ba ear walok juon katten, jeijo ien ke elon katten?</i></p> <p>No One Few Many</p>
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	a)	Insulted you or made you feel bad about yourself? <i>Kajook kwe im komman bwe en nana am mour?</i>	1.	2	1.	2	1	2	3	0	1	2	3
	b)	Belittled or humiliated you in front of other people? <i>Kajook eokkwe imaan mejen ro jet?</i>	1.	2	1	2	1	2	3	0	1	2	3
	c)	Done things to scare or intimidate you on purpose (e.g. by the way he looked at you, by yelling and smashing things)? <i>Komane jet wewein ko non kamijak eok (enwot ilo an reiwaj non eok, lamoj non eok, im kadkad kon jabrewot kain)?</i>	1.	2	1	2	1	2	3	0	1	2	3
	d)	Verbally threatened to hurt you or someone you care about? <i>Ba non eok ke emaron mane eok ak ro raurok ippam?</i>	1.	2	1	2	1	2	3	0	1	2	3
			1.	2	1.	2	1	2	3	0	1	2	3
			1.	2	1.	2	1	2	3	0	1	2	3
CHECK:		MARK WHEN YES FOR ANY ACT (AT LEAST ONE "1" CIRCLED IN COLUMN A)				MARK WHEN ALL ANSWERS NO CIRCLED (ONLY "2" CIRCLED IN COLUMN A)							
Question 704		[]				[]				705			
704 e		Was the behavior you just talked about (mention acts reported in 704) by your current or most recent husband/partner, by any other partner that you may have had before or both? <i>Wewein ko rar walok im ej kab moj am konono kaki (ilo 704), rar walok jen likao eo ippam kio ke, ro mokta lak ke ak aolepeir?</i>				CURRENT/MOST RECENT HUSBAND/ PARTNER.....1 PREVIOUS HUSBAND/PARTNER.....2 BOTH.....3 DON'T KNOW/DON'T REMEMBER.....8 REFUSED/NO ANSWER9							

	<p>Has <u>he</u> or any other partner ever....</p> <p><i>Likao eo ippam ak ro mokta lak renanin ke kar...</i></p>	<p>A) (If YES continue with B. If NO skip to next item)</p> <p>YES NO</p>	<p>B) Has this happened in the past <u>12 months</u>? <i>Ear ke walok endrein iloan allon ko jonoul ruo rej jemlak?</i></p> <p>(If YES ask C and D. If NO ask D only)</p> <p>YES NO</p>	<p>C) <u>In the past 12 months</u> would you say that this has happened once, a few times or many times? <i>Iloan allon ko jonoul ruo rej jemlak, ear ke walok juon katten, jejjio katten, ke elon katten?</i></p> <p>One Few Many</p>	<p>D) <u>Did this happen before the past 12 months?</u> IF YES: would you say that this has happened once, a few times or many times? <i>Wewein in ear ke walok mokta jen allon ko 12 rej jemlak? Elane AET, konej ke ba ear walok juon katten, jejjio ien ke elon katten?</i></p> <p>No One Few Many</p>
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		<p>A)</p> <p>(If YES continue with B. If NO skip to next item)</p> <p>YES NO</p>	<p>B)</p> <p>Has this happened <u>in the past 12 months</u>?</p> <p><i>Ear ke walok endrein iloon allon ko jonoul ruo rej jemlak?</i></p> <p>(If YES ask C and D. If NO ask D only)</p> <p>YES NO</p>	<p>C)</p> <p><u>In the past 12 months</u> would you say that this has happened once, a few times or many times?</p> <p><i>Iloan allon ko jonoul ruo rej jemlak, ear ke walok juon katten, jejjo katten, ke elon katten?</i></p> <p>One Few Many</p>	<p>D)</p> <p><u>Did this happen before the past 12 months?</u></p> <p>IF YES: would you say that this has happened once, a few times or many times?</p> <p><i>Wewein in ear ke walok mokta jen allon ko 12 rej jemlak. Elane AET, konej ke ba juon katten, jejjo ien ke elon katten?</i></p> <p>No One Few Many</p>
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706 d	<p>Was the behavior you just talked about (mention acts reported in 706) by your current or most recent husband/partner, by any other partner that you may have had before or both?</p> <p><i>Wewein ko ej kab moj am konono kaki (ilo 706), rar komman jen likao eo ippam kio ke, ro mokta lak ke ak aolepeir?</i></p>	<p>CURRENT/MOST RECENT HUSBAND/ PARTNER..... 1</p> <p>PREVIOUS HUSBAND/PARTNER 2</p> <p>BOTH 3</p> <p>DON'T KNOW/DON'T REMEMBER 8</p> <p>REFUSED/NO ANSWER 9</p>	
	<p>VERIFY WHETHER ANSWERED YES TO ANY QUESTION ON PHYSICAL VIOLENCE, SEE QUESTION 705</p>	<p>YES, PHYSICAL VIOLENCE 1</p> <p>NO PHYSICAL VIOLENCE 2</p>	<p>MARK IN BOX C</p>
	<p>VERIFY WHETHER ANSWERED YES TO ANY QUESTION ON SEXUAL VIOLENCE, SEE QUESTION 706</p>	<p>YES, SEXUAL VIOLENCE 1</p> <p>NO SEXUAL VIOLENCE 2</p>	<p>MARK IN BOX C</p>
708a	<p>Are you afraid of your current/most recent husband or partner? Would you say never, sometimes, many times, most/all of the time?</p> <p><i>Komijak ke likao eo ippam kio? Kojab, jet ien, elon ien, eitn aolep ien?</i></p>	<p>NEVER..... 1</p> <p>SOMETIMES..... 2</p> <p>MANY TIMES 3</p> <p>MOST/ALL OF THE TIMES..... 4</p> <p>DON'T KNOW/DON'T REMEMBER 8</p> <p>REFUSED/NO ANSWER..... 9</p>	

90	<p>Have you ever hit or physically mistreated your husband/partner when he was not hitting or physically mistreating you?</p> <p><i>Konanin ke kar kometak ak mane likao eo ippam mene ejab mane ak kometak eok?</i></p> <p>IF YES: How often? Would you say once or twice, several times or many times?</p> <p><i>Ewi ikutkut in? Juon ak ruo katten, jet ien ak elon katten?</i></p>	<p>NEVER..... 1</p> <p>ONCE TIMES 2</p> <p>2-5 TIMES 3</p> <p>> 5TIMES 4</p> <p>DON'T KNOW/DON'T REMEMBER 8</p> <p>REFUSED/NO ANSWER..... 9</p>	
CHECK : Ref. sheet, Box B	<p>(s7preg) EVER BEEN PREGNANT (option P)</p> <p>(1) []</p> <p>[]</p> <p>(s7prnum) NUMBER OF PREGNANCIES (option T) [] []</p> <p>[]</p> <p>(s7prcur) CURRENTLY PREGNANT? (option S) YES....1 NO.... 2</p> <p>[]</p>	<p>NEVER PREGNANT</p> <p>(2) [] []</p> <p>[]</p>	<p>ΣS8</p>
	<p>You said that you have been pregnant TOTAL times. Was there ever a time when you were pushed,slapped, hit, kicked or beaten by (<u>any</u> of) your partner(s) while you were pregnant?</p> <p><i>Kwoj ba kwar bororo "TOTAL". Enanin ke kar wor ien juon iaan likao ro ippam ear iuni, jebtake, dranete kwe, juju ak mane eok ilo ien am bororo?</i></p>	<p>YES.....</p> <p>NO ΣS8</p> <p>DON'T KNOW/DON'T REMEMBER ΣS8</p> <p>REFUSED/NO ANSWER..... ΣS8</p>	

710.	<p>IF RESPONDENT WAS PREGNANT ONLY ONCE, ENTER "01"</p> <p>IF RESPONDENT WAS PREGNANT MORE THAN ONCE: Did this happen in one pregnancy, or more than one pregnancy? In how many pregnancies were you beaten?</p> <p><i>Wewein in ar walok juon wot katten ke ak elon lak jen juon ien am bororo? Emaron jete ien am bororo ar walok endrein?</i></p>	NUMBER OF PREGNANCIES BEATEN []	
710 a	<p>Did this happen in the <u>last</u> pregnancy?</p> <p><i>Wewein in ear ke walok ilo ien eo eliktata kwar bororo?</i></p> <p>IF RESPONDENT WAS PREGNANT ONLY ONCE, CIRCLE CODE '1'.</p>	<p>YES.....1</p> <p>NO2</p> <p>DON'T KNOW/DON'T REMEMBER8</p> <p>REFUSED/NO ANSWER.....9</p>	
	<p>Were you ever punched or kicked in the abdomen while you were pregnant?</p> <p><i>Ewor en enanin kar ka baiti ak juuji lojeem ilo ien am bororo?</i></p>	<p>YES.....1</p> <p>NO2</p> <p>DON'T KNOW/DON'T REMEMBER8</p> <p>REFUSED/NO ANSWER.....9</p>	
<p>IF VIOLENCE REPORTED IN ONE PREGNANCY, REFER TO THAT PARTICULAR PREGNANCY</p> <p>IF VIOLENCE REPORTED IN MORE THAN ONE PREGNANCY, THE FOLLOWING QUESTIONS REFER TO THE LAST/MOST RECENT PREGNANCY IN WHICH VIOLENCE REPORTED</p>			

	<p>During the <u>most recent pregnancy</u> in which you were <u>beaten</u>, was the partner who did this to you the father of the child?</p> <p><i>Ilo ien eo eliktata in am bororo im likao eo ippam ar kemetakeok, armij in ej jemen ninnin eo ke?</i></p>	<p>YES 1</p> <p>NO 2</p> <p>DON'T KNOW /DON'T REMEMBER 8</p> <p>REFUSED/NO ANSWER..... 9</p>	
713 a	<p>Was the man who did this your current or most recent partner?</p> <p><i>Emaan eo ear komane wewein kein nonkwe ej likao eo ippam kio/leo eliktata?</i></p>	<p>YES 1</p> <p>NO</p> <p>DON'T KNOW/DON'T REMEMBER</p> <p>REFUSED/NO ANSWER.....</p>	
714	<p>Had the same person also done such things to you before you were pregnant?</p> <p><i>Armij in enanin ke kar kommane wewein kein non eokmokta jen am kar bororo mokta lak?</i></p>	<p>YES 1</p> <p>NO ES8</p> <p>DON'T KNOW/DON'T REMEMBER ES8</p> <p>REFUSED/NO ANSWER.....</p>	
715	<p>Compared to before you were pregnant, did the slapping/beating (REFER TO RESPONDENT'S PREVIOUS ANSWERS) get less, stay about the same, or get worse while you were pregnant? By worse I mean, more frequent or more severe.</p> <p><i>Kolak baj lale mokta jen am kar bororo, jonan kemetak/kakure ko rar walok non kwe rar driklak ke, jonan wot juon, ke ak lap im nana lakilo ien eo kwoj bororo? Ilo ao ba nana lak, enwot ekutkut lak im elap lak.</i></p>	<p>GOT LESS 1</p> <p>STAYED ABOUT THE SAME 2</p> <p>GOT WORSE 3</p> <p>DON'T KNOW/DON'T REMEMBER 4</p> <p>REFUSED/NO ANSWER 5</p>	

716-(removed)

SECTION 8 INJURIES

CHECK: Ref. sheet Box C (58phsex)	WOMAN EXPERIENCED PHYSICAL OR SEXUAL VIOLENCE ("YES" TO Option U or V) [] <div style="text-align: center;">☒</div> (1)	WOMAN HAS NOT EXPERIENCED PHYSICAL OR SEXUAL VIOLENCE ("NO" to BOTH Option U and V) <div style="text-align: center;">[] ☒</div> (2)	ES.10
<p>I would now like to learn more about the injuries that you experienced from (any of) your partner's acts that we have talked about (MAY NEED TO REFER TO SPECIFIC ACTS RESPONDENT MENTIONED IN SECTION 7). By injury, I mean any form of physical harm, including cuts, sprains, burns, broken bones or broken teeth, or other things like this.</p> <p><i>Kio ikonon jela kon joraan ko kwar loe im ioonijen komman ko an likao ro kar ippam me ej kab moj arro konono kaki. Ikijen joreen kein enwot mwijmwij, inrok, bwil, bulok dri, bulak ni, im ko eierlok wot.</i></p>			
Have you <u>ever</u> been injured as a result of these acts by (any of) your husband/partner(s). Please think of the acts that we talked about before. <i>Konanin ke kar joraan rot kein jen jen kar leo ippam/beleem? Joij im lomnak kin wewein ko kojro ar konono kaki imanlak.</i>		YES..... 1 NO 2 DON'T KNOW/DON'T REMEMBER 8 REFUSED/NO ANSWER 9	ES.10a
802. a)	In your life, how many times were you injured by (any of) your husband(s)/partner(s)? <i>Ilo mour ne am, ewor jete katten am kar joraan jen likao eo ippam/ro kar ippam?</i> Would you say once or twice, several times or many times? <i>Juon ak ruo katten, jejjo ien ke ak elon katten?</i>	ONCE/TWICE..... 1 SEVERAL (3-5) TIMES 2 MANY (MORE THAN 5) TIMES 3 DON'T KNOW/DON'T REMEMBER 8 REFUSED/NO ANSWER 9	
802. b)	Has this happened <u>in the past 12 months</u> ? <i>Ear ke walok endrein iloon allon ko jonoul ruo rej jemlak?</i>	YES..... 1 NO 2 DON'T KNOW/DON'T REMEMBER 8	

		REFUSED/NO ANSWER 9																																													
803. a)	<p>What type of injury did you have? Please mention any injury due to (any of) your husband/partners acts, no matter how long ago it happened.</p> <p><i>Kain joraan rot eo ar walok non kwe. Joij im kwalok joraan rot ar walok jen likao eo ippam mene etoien eo ear walak wewein in?</i></p> <p>MARK ALL</p> <p>PROBE:</p> <p>Any other injury? <i>Ebar ke wor joraan?</i></p>	<p>b) ONLY ASK FOR RESPONSES MARKED IN 803a:</p> <p>Has this happened in the past 12 months?</p> <table border="1"> <thead> <tr> <th></th> <th>YES</th> <th>NO</th> <th>DK</th> </tr> </thead> <tbody> <tr> <td>CUTS, PUNCTURES, BITES..... A</td> <td>1</td> <td>2</td> <td>8</td> </tr> <tr> <td>SCRATCH, ABRASION, BRUISES B</td> <td>1</td> <td>2</td> <td>8</td> </tr> <tr> <td>SPRAINS, DISLOCATIONS C</td> <td>1</td> <td>2</td> <td>8</td> </tr> <tr> <td>BURNS..... D</td> <td></td> <td></td> <td></td> </tr> <tr> <td>PENETRATING INJURY, DEEP CUTS, GASHES E</td> <td>1</td> <td>2</td> <td>8</td> </tr> <tr> <td>BROKEN EARDRUM, EYE INJURIES..... F</td> <td>1</td> <td>2</td> <td>8</td> </tr> <tr> <td>FRACTURES, BROKEN BONES G</td> <td>1</td> <td>2</td> <td>8</td> </tr> <tr> <td>BROKEN TEETH..... H</td> <td>1</td> <td>2</td> <td>8</td> </tr> <tr> <td>INTERNAL INJURIES..... I</td> <td>1</td> <td>2</td> <td>8</td> </tr> <tr> <td>OTHER (specify): X</td> <td>1</td> <td>2</td> <td>8</td> </tr> </tbody> </table>		YES	NO	DK	CUTS, PUNCTURES, BITES..... A	1	2	8	SCRATCH, ABRASION, BRUISES B	1	2	8	SPRAINS, DISLOCATIONS C	1	2	8	BURNS..... D				PENETRATING INJURY, DEEP CUTS, GASHES E	1	2	8	BROKEN EARDRUM, EYE INJURIES..... F	1	2	8	FRACTURES, BROKEN BONES G	1	2	8	BROKEN TEETH..... H	1	2	8	INTERNAL INJURIES..... I	1	2	8	OTHER (specify): X	1	2	8	
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804. a)	<p>In your life, did you <u>ever</u> lose consciousness because of what (any of your) your husband/partner(s) did to you?</p> <p><i>Ilo mour ne am, konanin ke kar lotlak jen joraan ko likao eo ippam ear komane non eok?</i></p>	<p>YES 1</p> <p>NO 2805a</p> <p>DON'T KNOW/DON'T REMEMBER 2805a</p> <p>REFUSED/NO ANSWER</p>	
804. b)	<p>Has this happened <u>in the past 12 months</u>?</p> <p><i>Wewein in ar ke walok iloa allon ko jonoul ruo rej jemlak?</i></p>	<p>YES 1</p> <p>NO 2</p> <p>DON'T KNOW/DON'T REMEMBER 8</p> <p>REFUSED/NO ANSWER 9</p>	
805. a)	<p>In your life, were you <u>ever</u> hurt badly enough by (any of) your husband/partner(s) that you needed health care (even if you did not receive it)?</p> <p><i>Ilo mour ne am, ewor ke ien likao eo ippam/ro mokta lak rar lukun kemetak eok non jonan en me kwar aikuj jiban jen jikin ejmour eo (mene kwar jab bok jiban)?</i></p> <p>IF YES: How many times? <i>Jete katan?</i> IF NOT SURE: More or less? <i>Emaron jete?</i></p>	<p>TIMES NEEDED HEALTH CARE [] []</p> <p>REFUSED/NO ANSWER 99</p> <p>NOT NEEDED 00 25.9</p>	
805 b)	<p>Has this happened <u>in the past 12 months</u>?</p> <p><i>Wewein in ear ke walok iloa allon ko jonoul ruo rej jemlak?</i></p>	<p>YES 1</p> <p>NO 2</p> <p>DON'T KNOW/DON'T REMEMBER 8</p> <p>REFUSED/NO ANSWER 9</p>	

	<p>In your life, did you <u>ever</u> receive health care for this injury (these injuries)? Would you say, sometimes or always or never?</p> <p><i>Ilo mour ne am, kwar ke bok kakolkoll/jiban jen jikin ejmour eo kin joraan kein? Jet ien, aolep ien ke ak kwoj janin?</i></p>	<p>YES, SOMETIMES</p> <p>YES, ALWAYS</p> <p>NO, NEVER.....</p> <p>DON'T KNOW/DON'T REMEMBER</p> <p>REFUSED/NO ANSWER</p>	<p>25.9</p>
	<p>In your life, have you ever had to spend any nights in a hospital due to the injury/injuries?</p> <p><i>Ilo mour ne am, konanin ke kar drelon ilo jikin ejmour eo kin wot joraan kein?</i></p> <p>IF YES: How many nights? (MORE OR LESS)</p> <p><i>Ewor jete bon? Elon ke eiet?</i></p>	<p>NUMBER OF NIGHTS IN HOSPITAL[][]</p> <p>IF NONE ENTER '00'</p> <p>DON'T KNOW/DON'T REMEMBER98</p> <p>REFUSED/NO ANSWER99</p>	
	<p>Did you tell a health worker the real cause of your injury? <i>Kwar ke ba non dri'jeral ro ilo jikin ejmour eo unin joraan ko rar walok jen ta?</i></p>	<p>YES.....1</p> <p>NO2</p> <p>DON'T KNOW/DON'T REMEMBER8</p> <p>REFUSED/NO ANSWER9</p>	

SECTION 9 IMPACT AND COPING

I would now like to ask you some questions about what effects your husband/partner's acts has had on you . With acts I mean... (REFER TO SPECIFIC ACTS THE RESPONDENT HAS MENTIONED IN SECTION 7).

Ikonan kio kajitokin eok kin ta ko rej walok non kwe jen wot wewein ko im leo ippam ej komane non eok. Wewein kein konono kaki rej ko im kar konono kaki ilo Section 7.

IF REPORTED MORE THAN ONE VIOLENT PARTNER, ADD: I would like you to answer these questions in relation to the most recent/last partner who did these things to you..

Ikonan bwe kwon uaaki kajitok kein kin leo ippam eliktata im ar komane wewein kein non eok.

CHECK:	WOMAN EXPERIENCED PHYSICAL VIOLENCE	WOMAN HAS EXPERIENCED SEXUAL VIOLENCE ONLY	
Ref. sheet Box C	(“YES” TO Option U) [] [X]	(“NO” to Option U and “YES” to option V) [] [X]	
(S9phys)	(1)	(2)	[X] 906

CHECK:	WOMAN EXPERIENCED PHYSICAL VIOLENCE	WOMAN HAS EXPERIENCED SEXUAL VIOLENCE ONLY	
Ref. sheet Box C	(“YES” TO Option U) [] [X]	(“NO” to Option U and “YES” to option V) [] [X]	
(S9phys)	(1)	(2)	[X] 906

CHECK:	WOMAN EXPERIENCED PHYSICAL VIOLENCE	WOMAN HAS EXPERIENCED SEXUAL VIOLENCE ONLY	
Ref. sheet Box C	(“YES” TO Option U) [] [X]	(“NO” to Option U and “YES” to option V) [] [X]	
(S9phys)	(1)	(2)	[X] 906

CHECK: Ref. sheet Box C (S9phys)	WOMAN EXPERIENCED PHYSICAL VIOLENCE ("YES" TO Option U) [] [X] (1)	WOMAN HAS EXPERIENCED SEXUAL VIOLENCE ONLY ("NO" to Option U and "YES" to option V) [] [X] (2)	
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CHECK:	WOMAN EXPERIENCED PHYSICAL VIOLENCE	WOMAN HAS EXPERIENCED SEXUAL VIOLENCE ONLY	
Ref. sheet Box C	(“YES” TO Option U) [] [X]	(“NO” to Option U and “YES” to option V) [] [X]	
(S9phys)	(1)	(2)	[X] 906

CHECK:	WOMAN EXPERIENCED PHYSICAL VIOLENCE	WOMAN HAS EXPERIENCED SEXUAL VIOLENCE ONLY	
Ref. sheet Box C	(“YES” TO Option U) [] [X]	(“NO” to Option U and “YES” to option V) [] [X]	
(S9phys)	(1)	(2)	[X] 906

CHECK:	WOMAN EXPERIENCED PHYSICAL VIOLENCE	WOMAN HAS EXPERIENCED SEXUAL VIOLENCE ONLY	
Ref. sheet Box C	(“YES” TO Option U) [] [X]	(“NO” to Option U and “YES” to option V) [] [X]	
(S9phys)	(1)	(2)	[X] 906

CHECK:	WOMAN EXPERIENCED PHYSICAL VIOLENCE	WOMAN HAS EXPERIENCED SEXUAL VIOLENCE ONLY	
Ref. sheet Box C	(“YES” TO Option U) [] [X]	(“NO” to Option U and “YES” to option V) [] [X]	
(S9phys)	(1)	(2)	[X] 906

<p>CHECK:</p> <p>Ref. sheet Box C</p> <p>(S9phys)</p>	<p>WOMAN EXPERIENCED PHYSICAL VIOLENCE</p> <p>("YES" TO Option U) []</p> <p>(1)</p>	<p>WOMAN HAS EXPERIENCED SEXUAL VIOLENCE ONLY</p> <p>("NO" to Option U and "YES" to option V)</p> <p>(2)</p>	<p>906</p>
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<p>CHECK:</p> <p>Ref. sheet Box C</p> <p>(S9phys)</p>	<p>WOMAN EXPERIENCED PHYSICAL VIOLENCE</p> <p>("YES" TO Option U) []</p> <p>(1)</p>	<p>WOMAN HAS EXPERIENCED SEXUAL VIOLENCE ONLY</p> <p>("NO" to Option U and "YES" to option V)</p> <p>(2)</p>	<p>906</p>
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<p>CHECK:</p> <p>Ref. sheet Box C</p> <p>(S9phys)</p>	<p>WOMAN EXPERIENCED PHYSICAL VIOLENCE</p> <p>("YES" TO Option U) []</p> <p>(1)</p>	<p>WOMAN HAS EXPERIENCED SEXUAL VIOLENCE ONLY</p> <p>("NO" to Option U and "YES" to option V)</p> <p>(2)</p>	<p>906</p>
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<p>CHECK:</p> <p>Ref. sheet Box C</p> <p>(S9phys)</p>	<p>WOMAN EXPERIENCED PHYSICAL VIOLENCE</p> <p>("YES" TO Option U) []</p> <p>(1)</p>	<p>WOMAN HAS EXPERIENCED SEXUAL VIOLENCE ONLY</p> <p>("NO" to Option U and "YES" to option V)</p> <p>(2)</p>	<p>906</p>
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<p>CHECK:</p> <p>Ref. sheet Box C</p> <p>(S9phys)</p>	<p>WOMAN EXPERIENCED PHYSICAL VIOLENCE</p> <p>("YES" TO Option U) []</p> <p>(1)</p>	<p>WOMAN HAS EXPERIENCED SEXUAL VIOLENCE ONLY</p> <p>("NO" to Option U and "YES" to option V)</p> <p>(2)</p>	<p>906</p>
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<p>CHECK:</p> <p>Ref. sheet Box C</p> <p>(S9phys)</p>	<p>WOMAN EXPERIENCED PHYSICAL VIOLENCE</p> <p>("YES" TO Option U) []</p> <p>(1)</p>	<p>WOMAN HAS EXPERIENCED SEXUAL VIOLENCE ONLY</p> <p>("NO" to Option U and "YES" to option V)</p> <p>(2)</p>	<p>906</p>
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<p>Are there any particular situations that tend to lead to (or trigger) your husband/partner's behavior?</p> <p><i>Ewor ke jet unlelep ko rej kijon komman an likao eo ippam kommane wewein kein?</i></p> <p>REFER TO ACTS OF PHYSICAL VIOLENCE MENTIONED BEFORE.</p> <p>PROBE: Any other situation? <i>Ebar ke wor?</i></p> <p>MARK ALL MENTIONED</p>	<p>NO PARTICULAR REASON A</p> <p>WHEN MAN DRUNK..... B</p> <p>MONEY PROBLEMS..... C</p> <p>DIFFICULTIES AT HIS WORK D</p> <p>WHEN HE IS UNEMPLOYED E</p> <p>NO FOOD AT HOME..... F</p> <p>PROBLEMS WITH HIS OR HER FAMILY G</p> <p>SHE IS PREGNANT H</p> <p>HE IS JEALOUS OF HER I</p> <p>SHE REFUSES SEX J</p> <p>SHE IS DISOBEDIENT K</p> <p>HE WANTS TO TEACH HER A LESSON, EDUCATE OR DISCIPLINE HER L</p> <p>HE WANT TO SHOW HE IS BOSS M</p> <p>OTHER (specify): X</p>
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CHECK: (Ref. sheet, Box B, option R) <i>(s9child)</i>	CHILDREN LIVING [] <i>(1)</i>	NO CHILDREN ALIVE [] <input checked="" type="checkbox"/>	7904
	<p>For any of these incidents, were your children present or did they overhear you being beaten?</p> <p><i>Ilo ien kein im ej walok wewein kein, ajri ro nejim rej ke bed ak ron aer kemetak/kakure eok?</i></p> <p>IF YES: How often? Would you say once or twice, several times or most of the time?</p> <p><i>Ewi ikutkut in? Juon ak ruo katten, jet ien, ak eitn aolep ien?</i></p>	<p>NEVER..... 1</p> <p>ONCE OR TWICE..... 2</p> <p>SEVERAL TIMES..... 3</p> <p>MANY TIMES/MOST OF THE TIME..... 4</p> <p>DON'T KNOW..... 8</p> <p>REFUSED/NO ANSWER 9</p>	
	<p>During the times that you were hit, did you ever fight back physically or to defend yourself?</p> <p><i>Ilo ien kane rej kemetak eok, kwar ke kajeon bar irre ak bobrae kwe make jen am metak?</i></p> <p>IF YES: How often? Would you say once or twice, several times or most of the time?</p> <p><i>Ewi ikutkut in? Juon ak ruo katten, jejo ien ke ak eitn aolep ien?</i></p>	<p>NEVER..... 1</p> <p>ONCE OR TWICE..... 2</p> <p>SEVERAL TIMES..... 3</p> <p>MANY TIMES/MOST OF THE 4</p> <p>DON'T KNOW/DON'T REMEMBER..... 8</p> <p>REFUSED/NO ANSWER 9</p>	7906
904 a	<p>What was the effect of you fighting back on the violence at the time? Would you say, that it had no effect, the violence became worse, the violence became less, or that the violence stopped, at least for the moment.</p> <p><i>Ta eo ear walok non kwe ilo ien eo kwar bobraeik eok make? Ejelak oktak, joraan</i></p>	<p>NO CHANGE/NO EFFECT 1</p> <p>VIOLENCE BECAME WORSE 2</p> <p>VIOLENCE BECAME LESS 3</p> <p>VIOLENCE STOPPED 4</p> <p>DON'T KNOW/DON'T REMEMBER..... 8</p>	

	<i>ko rar laplak, edriklak joraan ko, ke ak joraan ko rar bojrak ilo jirik ien.</i>	REFUSED/NO ANSWER 9	
905	Moved		
906	<p>Would you say that your husband /partner's behavior towards you has affected your physical or mental health? Would you say, that it has had no effect, a little effect or a large effect?</p> <p><i>Komaron ke ba komman ko an likao ibbam ejelt kolmen lakjen ne am?</i> <i>Komaron baa jab, jidik, ak elap?</i> REFER TO SPECIFIC ACTS OF PHYSICAL AND/OR SEXUAL VIOLENCE SHE DESCRIBED EARLIER</p>	<p>NO EFFECT 1</p> <p>A LITTLE..... 2</p> <p>A LOT 3</p> <p>DON'T KNOW/DON'T REMEMBER..... 8</p> <p>REFUSED/NO ANSWER 9</p>	
907	<p>In what way, if any, has your husband/partner's behavior (the violence) disrupted your work or other income-generating activities?</p> <p><i>Ilo wewein rot, komman ko an likao eo ippam ar maron kakure am jerbak ak komman jaan?</i></p> <p>MARK ALL THAT APPLY</p>	<p>N/A (NO WORK FOR MONEY) A</p> <p>WORK NOT DISRUPTED B</p> <p>PARTNER INTERRUPTED WORK C</p> <p>UNABLE TO CONCENTRATE D</p> <p>UNABLE TO WORK/SICK LEAVE..... E</p> <p>LOST CONFIDENCE IN OWN ABILITY F</p> <p>OTHER (specify): X</p>	

<p>Who have you told about his behavior?</p> <p><i>Won eo kwar ba non e kin weweln ak makitkitko leo ej komani?</i></p> <p>MARK ALL MENTIONED</p> <p>PROBE: Anyone else? <i>Ebar ke wor?</i></p>	<p>NO ONE..... A</p> <p>FRIENDS B</p> <p>PARENTS C</p> <p>BROTHER OR SISTER D</p> <p>UNCLE OR AUNT E</p> <p>HUSBAND/PARTNER'S FAMILY F</p> <p>CHILDREN..... G</p> <p>NEIGHBOURS H</p> <p>POLICE..... I</p> <p>DOCTOR/HEALTH WORKER J</p> <p>PRIEST/RELIGIOUS LEADER K</p> <p>COUNSELLOR L</p> <p>NGO/WOMEN'S ORGANIZATION..... M</p> <p>LOCAL LEADER N</p> <p>OTHER (specify): X</p>	
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<p>Did anyone ever try to help you?</p> <p><i>Ewor ke en ear kajeon jiban eok?</i></p> <p>IF YES, Who helped you?</p> <p><i>Ne aet, won ar jiban eok?</i></p> <p>MARK ALL MENTIONED</p> <p>PROBE: Anyone else?</p> <p><i>Ebar ke wor?</i></p>	<p>NO ONE..... A</p> <p>FRIENDS B</p> <p>PARENTS C</p> <p>BROTHER OR SISTER D</p> <p>UNCLE OR AUNT E</p> <p>HUSBAND/PARTNER'S FAMILY F</p> <p>CHILDREN..... G</p> <p>NEIGHBOURS H</p> <p>POLICE I</p> <p>DOCTOR/HEALTH WORKER J</p> <p>PRIEST/RELIGIOUS LEADER K</p> <p>COUNSELLOR L</p> <p>NGO/WOMEN'S ORGANIZATION..... M</p> <p>LOCAL LEADER N</p> <p>OTHER (specify): X</p>	
<p>910. a</p> <p>Did you ever go to any of the following for help?</p>		<p>910 b.</p> <p>ASK ONLY FOR THOSE MARKED YES in 910a.</p> <p>Were you satisfied with the help given?</p>

What were the reasons that made you go for help?	ENCOURAGED BY FRIENDS/FAMILY A	
<i>Ta un ko rar komman bwe kwon bukot jiban?</i>	COULD NOT ENDURE MORE B	
MARK ALL MENTIONED AND GO TO 913	BADLY INJURED C	
	HE THREATENED OR TRIED TO KILL HER..... D	FOR ALL OPTIONS GO TO 913
	HE THREATENED OR HIT CHILDREN..... E	
	SAW THAT CHILDREN SUFFERING F	
	THROWN OUT OF THE HOME..... G	
	AFRAID SHE WOULD KILL HIM..... H	
	AFRAID HE WOULD KILL HER I	
	OTHER (specify): _____	
	_____ X	
What were the reasons that you did not go to any of these?	DON'T KNOW/NO ANSWER..... A	
<i>Ta un ko bwe kwon jab etal non jikin kein?</i>	FEAR OF THREATS/CONSEQUENCES/	
MARK ALL MENTIONED	MORE VIOLENCE..... B	
	VIOLENCE NORMAL/NOT SERIOUS..... C	
	EMBARRASSED/ASHAMED/AFRAID WOULD NOT	
	BE BELIEVED OR WOULD BE BLAMED ..D BELIEVED NOT HELP/KNOW OTHER WOMEN NOT	
	HELPED E	
	AFRAID WOULD END RELATIONSHIP F	
	AFRAID WOULD LOSE CHILDREN G	
	BRING BAD NAME TO FAMILY H	
	OTHER (specify): _____	

	<p>.....X</p>	
<p>Is there anyone that you would like (have liked) to receive (more) help from? Who?</p> <p><i>Ewor ke en kwar konan ak nej kar konan bok jiban jen e?</i></p>	<p>NOONE MENTIONED..... A</p> <p>HIS RELATIVES B</p> <p>HER RELATIVES C</p> <p>FRIENDS/NEIGHBOURS..... D</p> <p>HEALTH CENTRE E</p> <p>POLICE F</p> <p>PRIEST/RELIGIOUS LEADER..... G</p> <p>SOCIAL WORKER I</p> <p>OTHER (specify): X</p>	
<p>MARK ALL MENTIONED</p>		
<p>Did you ever leave, even if only overnight, because of his behavior?</p> <p>IF YES: How many times? (MORE OR LESS)</p> <p><i>Konanin ke kar etal jene juon wot bon kin komman ko an? Jete katten? (Elon ke eiet)</i></p>	<p>NUMBER OF TIMES LEFT []</p> <p>NEVER.....</p> <p>N.A. (NOT LIVING TOGETHER)</p> <p>DON'T KNOW/DON'T REMEMBER</p> <p>REFUSED/NO ANSWER</p>	<p>2919</p> <p>2S.10</p>

What were the reasons why you left
the last time?

*Ta un ko ear kommane non eok
eliktata bwe kwon etal jene?*

MARK ALL MENTIONED

- NO PARTICULAR INCIDENT A
- ENCOURAGED BY FRIENDS/FAMILY B
- COULD NOT ENDURE MORE C
- BADLY INJURED D
- HE THREATENED OR TRIED TO KILL HER..... E
- HE THREATENED OR HIT CHILDREN..... F
- SAW THAT CHILDREN SUFFERING G
- THROWN OUT OF THE HOME H
- AFRAID SHE WOULD KILL HIM I
- ENCOURAGED BY ORGANIZATION: J
- AFRAID HE WOULD KILL HER K
- OTHER (specify): X

Where did you go the last time?

Ia eo eliktata kwar etal non e?

MARK ONE

- HER RELATIVES 01
- HIS RELATIVES 02
- HER FRIENDS/NEIGHBOURS 03
- HOTEL/LODGINGS 04
- STREET 05
- CHURCH/TEMPLE 06
- SHELTER..... 07
- OTHER (specify): 96
- DON'T KNOW/DON'T REMEMBER 98
- REFUSED/NO ANSWER 99

How long did you stay away the last time?

Ewi toon am kar jako ien eo eliktata?

NUMBER OF DAYS (IF LESS THAN 1 MONTH) [] [] ..1

NUMBER OF MONTHS (IF 1 MONTH OR MORE) [] [] ..2

LEFT PARTNER/DID NOT RETURN/NOT WITH PARTNER . 3 **2S.10**

RECORD NUMBER OF DAYS OR MONTHS

What were the reasons that you returned?

Ta un ko rar komman menin am bar rool?

DIDN'T WANT TO LEAVE CHILDREN A

SANCTITY OF MARRIAGE B

FOR SAKE OF FAMILY/CHILDREN

(FAMILY HONOUR) C

COULDN'T SUPPORT CHILDREN D

LOVED HIM E

HE ASKED HER TO GO BACK F

FAMILY SAID TO RETURN G

FORGAVE HIM H

THOUGHT HE WOULD CHANGE I

THREATENED HER/CHILDREN J

COULD NOT STAY THERE (WHERE SHE WENT)..... K

VIOLENCE NORMAL/NOT SERIOUS L

OTHER (specify): X

MARK ALL MENTIONED AND GO TO SECTION 10

**FOR ALL
OPTIONS
GO TO
Section 10**

What were the reasons that made you stay?

Ta un ko rar komman menin am berwot?

MARK ALL MENTIONED

- DIDN'T WANT TO LEAVE CHILDREN A
- SANCTITY OF MARRIAGE B
- DIDN'T WANT TO BRING SHAME ON FAMILY C
- COULDN'T SUPPORT CHILDREN D
- LOVED HIM E
- DIDN'T WANT TO BE SINGLE F
- FAMILY SAID TO STAY G
- FORGAVE HIM H
- THOUGHT HE WOULD CHANGE I
- THREATENED HER/CHILDREN J
- NOWHERE TO GO K
- VIOLENCE NORMAL/NOT SERIOUS L
- OTHER (specify): X

SECTION 10 OTHER EXPERIENCES

N01	<p>READ TO RESPONDENT: In their lives, many women have unwanted experiences and experience different forms of maltreatment and violence from all kinds of people, men or women. These may be relatives, other people that they know, and/or strangers. If you don't mind, I would like to briefly ask you about some of these situations. Everything that you say will be kept private. I will first ask about what has happened since you were 15 years old, and thereafter during the past 12 months.</p> <p><i>Ilo mour an elon kora, emoj aer ioon elon kain joraan in kakure ko jen elon kain armij, emaan ak kora. Armij ro rej kakure er remaron jen wot lowaan baamle ko, bar jet armij rejela kajeer, ak jet ro rejaje kajeer. Ne eman ippam, ikonan kajitok ippam kin wewein kein. Aolep naan im melele ko konaj kwaloki rejamun walok non bar juon armij. Mokta inej kajitok kin ta ko rar walok jen ke kwar 15 am iio im ne emoj inej kajitok kin ta ko rar walok ilo allon ko 12 rej jemlak.</i></p> <p>FOR WOMEN WHO WERE EVER PARTNERED ADD: These questions are about people other than your husband/partner(s).</p> <p><i>Kajitok kein rej kin wot armij ro jet ijelokin likao eo ippam.</i></p>			
N02	<p>Since the age of 15, has anyone ever hit, beaten, kicked or done anything else to hurt you physically? Thrown something at you? Pushed you or pulled your hair? Choked or burnt you on purpose? Threatened with or actually used a gun, knife or other weapon against you?</p> <p><i>Jen ke ar 15 am iio, ewor ke en ear drante, mane, juji ak komane wewein ko jet non kometak/kakure eok? Kadre waj eok? Iuni eok ak raiti kolan boram? Kuul buruem ak tile eok? Kamijak eok kin bu, bakkok ak kein ire ko jet?</i></p>	<p>YES ... 1</p> <p>NO ... 2</p>	<p><input type="checkbox"/> N06</p>	
N03	<p>a) Who did this to you?</p> <p><i>Won eo ar konman endrein nae eok?</i></p> <p>PROBE:</p> <p>Anyone else? <i>Ebar ke wor?</i></p> <p>How about a relative? <i>Ro nukum?</i></p> <p>How about someone at school or work? <i>Ro ilo jikin jikuul ak jikin jerbal?</i></p> <p>How about a friend or neighbour? <i>Ro mottam ak ro belaakim?</i></p> <p>A stranger or anyone else?</p>	<p>b) ASK ONLY FOR THOSE MARKED in a).</p> <p>How many times did this happen since you were 15?</p> <p>Once, a few times, or many times?</p> <p><i>Jete katten an walok endrein jen ke kwar 15 am iio? Juon katten, jejo ien ke ak elon katten?</i></p>	<p>c) ASK ONLY FOR THOSE MARKED in a).</p> <p>How many times did this happen in the past 12 months? Once, a few times, or many times?</p> <p><i>Jete katten an walok endrein iloan allon ko jonoul ruo rej jemlak? Juon katten, jejo ien, ke ak elon katten?</i></p>	

<i>Juon eo kojjab jela kajeen?</i>	Once	A few times	Many times	NO	Once	A few times	Many times
DO NOT READ OUT THE LIST MARK ALL MENTIONED							
FATHER/STEPFATHER	1	2	3	0	1	2	3
MOTHER	1	2	3	0	1	2	3
MOTHER IN LAW	1	2	3	0	1	2	3
OTHER MALE FAMILY MEMBER	1	2	3	0	1	2	3
OTHER FEMALE FAMILY MEMBER	1	2	3	0	1	2	3
SOMEONE AT WORK – MALE	1	2	3	0	1	2	3
SOMEONE AT WORK – FEMALE	1	2	3	0	1	2	3
FRIEND/ACQUAINTANCE – MALE	1	2	3	0	1	2	3
FRIEND/ACQUAINTANCE – FEMALE	1	2	3	0	1	2	3
RECENT ACQUAINTANCE – MALE	1	2	3	0	1	2	3
RECENT ACQUAINTANCE – FEMALE	1	2	3	0	1	2	3
COMPLETE STRANGER – MALE	1	2	3	0	1	2	3
COMPLETE STRANGER – FEMALE	1	2	3	0	1	2	3
TEACHER - MALE	1	2	3	0	1	2	3
TEACHER - FEMALE	1	2	3	0	1	2	3
DOCTOR/HEALTH STAFF – MALE	1	2	3	0	1	2	3
DOCTOR/HEALTH STAFF - FEMALE	1	2	3	0	1	2	3
RELIGIOUS LEADER – MALE	1	2	3	0	1	2	3
POLICE/ SOLDIER – MALE	1	2	3	0	1	2	3
OTHER – MALE (specify) _____	1	2	3	0	1	2	3
OTHER – FEMALE (specify) _____	1	2	3	0	1	2	3

N04	<p>INDICATE BELOW THE LETTERS FOR THE PERPETRATORS THAT WERE MENTIONED. IF MORE THAN 3 PERPETRATORS HAVE BEEN MENTIONED, ASK WHICH 3 WERE THE MOST SERIOUS AND INDICATE THE LETTERS AS IN ABOVE LIST HERE:</p> <p style="text-align: center;">PERPETRATOR 1 [] PERPETRATOR 2 [] PERPETRATOR 3 []</p> <p>ASK N05 a, b, and c, FIRST FOR PERPETRATOR 1, THEN FOR PERPETRATOR 2 AND FINALLY FOR PERPETRATOR 3. WHEN NO MORE PERPETRATORS, GO TO N06.</p>						
N05	<p>Did the following ever happen as a result of what (USE SAME WORDS TO REFER TO THE PERPETRATOR AS RESPONDENT) did to you? <i>Wewein kein ilal renanin ke kar walok itok wot jen an (NAME) kakure eok?</i></p> <p>a) You had cuts, scratches, bruises or aches. <i>Ekar wor ke mwijnvwij, kurar, mao ak metak ko jet ippam.</i></p> <p>b) You had injuries to eye or ear, sprains, dislocations or burns. <i>Ekar joraan mejem im lojilnim, inrok anbwinim, ib jet jukin ilo anbwinim kab bwil anbwinim.</i></p> <p>c) You had deep wounds, broken bones, broken teeth, internal injuries or any other similar injury. <i>Ekar wor am kinej ko remvilal, bwilak in dri, bwilak ni, joraan ilowa ak joraan ko eierlakwot.</i></p> <p>IF AT LEAST ONE 'YES' to a) b) or c):</p> <p>d) Did the injury (injuries) happen in the past 12 months? <i>Joraan kein rar ke walok iloa allon ko 12 rej jemlak?</i></p> <p>ONLY ASK FOR THE PERTRATORS INDICATED IN N04.</p>	A) PERPETRATOR 1		B) PERPETRATOR 2		C) PERPETRATOR 3	
		YES	NO	YES	NO	YES	NO
		1	2	1	2	1	2
		1	2	1	2	1	2
		1	2	1	2	1	2
		1	2	1	2	1	2
		IF MORE THAN 1 PERPETRATOR, GO TO B		IF MORE THAN 2 PERPETRATORS GO TO C			

N06	<p>Now I would like to ask you about other unwanted experiences you may have had. Again, I want you to think about any person, man or woman.</p> <p><i>Kio ikonon kajitok kin wewein ko kwar jab konan bwe ren walok ak rar walok non kwe. Joij im lomnak kin jabrewot emaan ak koraro rar komane wewein kein non eok.</i></p> <p>FOR WOMEN WHO EVER HAD A PARTNER ADD IF NECESSARY: except your husband/male partner.<i>Ijolokin likao eo ippam</i></p> <p>Since the age of 15, has anyone ever forced you into sexual intercourse when you did not want to, for example by threatening you, holding you down, or putting you in a situation where you could not say no. Remember to include people you have known as well as strangers. Please at this point exclude attempts to force you.</p> <p><i>Jen ke kwar 15 am iio, ewor ke juon ear kibel/kabnonoki eok bwe kwon bed/kiki ipen ak komane wewein ko rejekkar im kwar jab konan komani ilo an kar kamijak eok, drabiyeok non la, ak likit kwe ilo juon jikin eo im ejelak am maron ba jaab. Kememej in likit bar armij ro im kojaje kajeer non jirik. Joij im jab kobaik ien ko im rar kajeon komane wewein kein.</i></p> <p>IF NECESSARY: We define sexual intercourse as oral sex, anal or vaginal penetration.</p>	YES ... 1 NO ... 2 <input type="checkbox"/> N08	
N07	<p>a) Who did this to you? <i>Won ar komane wewein kein non kwe?</i> PROBE: Anyone else?<i>Bar won?</i> How about a relative?<i>Nukum?</i> How about someone at school or work? <i>Juon jen jikin jikuul ak jikin jerbal?</i> How about a friend or neighbour? <i>Mottam ak ro rej jokwe iturim?</i></p>	<p>b) ASK ONLY FOR THOSE MARKED in a). How many times did this happen since you were 15? Once, a few times, or many times? <i>Jete katten an walok endrein jen ke kwar 15 am iio? Juon katten, jeijjo ien ke ak elon katten?</i></p>	<p>c) ASK ONLY FOR THOSE MARKED in a). How many times did this happen in the past 12 months? Once, a few times, or many times? <i>Jete katten an walok endrein iloan allon ko jonoul ruo rej jemlak? Juon katten, jeijjo ien, ke ak elon katten?</i></p>

A stranger or anyone else? <i>Juon eo kojaje kajeen ak jabrewot?</i>								
		Once	A few times	Many times	NO	Once	A few times	Many times
DO NOT READ OUT THE LIST MARK ALL MENTIONED								
FATHER/STEPFATHER	A	1	2	3	0	1	2	3
MOTHER	B	1	2	3	0	1	2	3
MOTHER IN LAW	C	1	2	3	0	1	2	3
OTHER MALE FAMILY MEMBER	D	1	2	3	0	1	2	3
OTHER FEMALE FAMILY MEMBER	E	1	2	3	0	1	2	3
SOMEONE AT WORK – MALE	F	1	2	3	0	1	2	3
SOMEONE AT WORK – FEMALE	G	1	2	3	0	1	2	3
FRIEND/ACQUAINTANCE – MALE	H	1	2	3	0	1	2	3
FRIEND/ACQUAINTANCE – FEMALE	I	1	2	3	0	1	2	3
RECENT ACQUAINTANCE – MALE	J	1	2	3	0	1	2	3
RECENT ACQUAINTANCE – FEMALE	K	1	2	3	0	1	2	3
COMPLETE STRANGER – MALE	L	1	2	3	0	1	2	3
COMPLETE STRANGER – FEMALE	M	1	2	3	0	1	2	3
TEACHER - MALE	N	1	2	3	0	1	2	3
TEACHER - FEMALE	O	1	2	3	0	1	2	3
DOCTOR/HEALTH STAFF – MALE	P	1	2	3	0	1	2	3
DOCTOR/HEALTH STAFF - FEMALE	Q	1	2	3	0	1	2	3
RELIGIOUS LEADER – MALE	R	1	2	3	0	1	2	3
POLICE/ SOLDIER – MALE	S	1	2	3	0	1	2	3
OTHER – MALE (specify) _____	W	1	2	3	0	1	2	3
OTHER – FEMALE (specify) _____	X	1	2	3	0	1	2	3

N08	<p>Again, I want you to think about any person, man or woman. FOR WOMEN WHO EVER HAD A PARTNER ADD: except your husband/male partner. <i>Bar juon alen, ikonan bwe kwon lomnak kin jabrewot emaan ak kora, ijelokin likao eo ippam.</i></p> <p>Apart from anything you may have mentioned, can you tell me if, since the age of 15, any of the following has happened to you? <i>Ijelokin men ko kwar konono kaki, komaron ke kwalok ewor ke iaan wewein kein rar walok non kwe?</i></p> <p>Has anyone attempted to force you to perform a sexual act you did not want, attempted to force you into sexual intercourse (which did not take place), touched you sexually, or did anything else sexually that you did not want. Remember to include people you have known as well as strangers. <i>Ewor ke enanin kar kajeon iuni kwe ak ba kwon komane wewein ko rejjekkar im kojab konan komani, ak kajeon bed ippam (ak ejab), jibwe kwe ilo wewein ko rejjekkar, ak komani wewein ko rejjekkar non kwe im kojab konan. Kememej bwe kwon kobaik aolep ro rar komman wewein kein non kwe ekoba ro kojela kajeer kab ro kojaje kajeer.</i></p>			<p>YES1</p> <p>NO2</p>	<p>□1003</p>
N09	<p>a) Who did this to you? <i>Won ar komman endrein non eok?</i> PROBE: Anyone else?<i>Ebar ke wor?</i> How about a relative?<i>Nukum?</i> How about someone at school or work? <i>Juon jen mon jikuul ak jebal eo?</i> How about a friend or neighbour? <i>Juon eo mottam ak juon eo ej jokwe iturim?</i></p>	<p>b) ASK ONLY FOR THOSE MARKED in a). How many times did this happen since you were 15? Once, a few times, or many times? <i>Jete katten an walok endrein jen ke kwar 15 am iio? Juon katten, jeijo ien ke ak elon katten?</i></p>	<p>c) ASK ONLY FOR THOSE MARKED in a). How many times did this happen in the past 12 months? Once, a few times, or many times? <i>Jete katten an walok endrein iloan allon ko jonoul ruo rej jemlak? Juon katten, jeijo ien, ke ak elon katten?</i></p>		

A stranger or anyone else? <i>Juon eo kojaje kajeen?</i>		Once	A few times	Many times	NO	Once	A few times	Many times
DO NOT READ OUT THE LIST MARK ALL MENTIONED								
FATHER/STEPFATHER	A	1	2	3	0	1	2	3
MOTHER/STEPMOTHER	B	1	2	3	0	1	2	3
MOTHER IN LAW	C	1	2	3	0	1	2	3
OTHER MALE FAMILY MEMBER	D	1	2	3	0	1	2	3
OTHER FEMALE FAMILY MEMBER	E	1	2	3	0	1	2	3
SOMEONE AT WORK – MALE	F	1	2	3	0	1	2	3
SOMEONE AT WORK – FEMALE	G	1	2	3	0	1	2	3
FRIEND/ACQUAINTANCE – MALE	H	1	2	3	0	1	2	3
FRIEND/ACQUAINTANCE – FEMALE	I	1	2	3	0	1	2	3
RECENT ACQUAINTANCE – MALE	J	1	2	3	0	1	2	3
RECENT ACQUAINTANCE – FEMALE	K	1	2	3	0	1	2	3
COMPLETE STRANGER – MALE	L	1	2	3	0	1	2	3
COMPLETE STRANGER – FEMALE	M	1	2	3	0	1	2	3
TEACHER - MALE	N	1	2	3	0	1	2	3
TEACHER - FEMALE	O	1	2	3	0	1	2	3
DOCTOR/HEALTH STAFF – MALE	P	1	2	3	0	1	2	3
DOCTOR/HEALTH STAFF - FEMALE	Q	1	2	3	0	1	2	3
RELIGIOUS LEADER – MALE	R	1	2	3	0	1	2	3
POLICE/ SOLDIER – MALE	S	1	2	3	0	1	2	3
OTHER – MALE (specify) _____	W	1	2	3	0	1	2	3
OTHER – FEMALE (specify) _____	X	1	2	3	0	1	2	3

1003	<p>Before the age of 15 years, do you remember if any- one in your family ever touched you sexually, or made you do something sexual that you didn't want to?</p> <p><i>Mokta jen an kar 15 am iio, ewor ke ilo baamle eo am ear jibwe kwe ilo wewein ko rejekkar im ba kwon komaie jet wewein ko kwar jab konan komani?</i></p> <p>IF YES CONTINUE WITH 1003a</p> <p>IF NO: CONTINUE PROMPTING:</p> <p>How about someone at school? How about a friend or neighbour? Has anyone else done this to you?</p> <p><i>Ak ilo jikin jikuul? Ak ro mottam im ro rej jokwe iturim? Ebar ke wor ar komman endrein non kwe?</i></p>	<p>YES1</p> <p>NO2</p>	<p>□1006</p>
1003	a) Who did	ASK ONLY FOR THOSE MARKED IN 1003a	

a	<p>this to you?</p> <p><i>Won eo ar komman endrein non kwe?</i></p> <p>CONTINUE PROMPTS:</p> <p>How about someone at school?</p> <p>How about a</p>		<p>b) How old were you when it happened with this person for the first time?</p> <p>(more or less)<i>Jete am ilo ien eo jinoin tata in an walok endrein ipen armij in?</i></p>	<p>c) How old was this person?</p> <p><i>Jete an armij eo ilo?</i></p> <p>PROBE: roughly (more or less).</p>	<p>d) How many times did this happen?</p> <p><i>Jete katten an walok wewein in?</i></p>		
					<p>Once/twice<i>Juon/r uo katten n</i></p>	<p>Few times<i>Jejjo ien</i></p>	<p>Many times<i>Ei on katten</i></p>

friend or neighbour?		[] []	[] []	1	2	3
Has anyone else done this to you?		[] []	[] []	1	2	3
<i>Ak ilo jikin jikuul? Ak ro mottam im ro rej jokwe iturim? Ebar ke wor ar komman endrein non kwe?</i>	FATHER/STEPFATHER	[] []	[] []	1	2	3
	A MOTHER	[] []	[] []	1	2	3
	B MOTHER IN LAW	[] []	[] []	1	2	3
	C OTHER MALE FAMILY MEMBER	[] []	[] []	1	2	3
	D OTHER FEMALE FAMILY MEMBER	[] []	[] []	1	2	3
	E SOMEONE AT WORK - MALE	[] []	[] []	1	2	3
	F SOMEONE AT WORK - FEMALE	[] []	[] []	1	2	3
	G FRIEND/ACQUAINTANCE - MALE	[] []	[] []	1	2	3
	H FRIEND/ACQUAINTANCE - FEMALE I RECENT ACQUAINTANCE - MALE J RECENT ACQUAINTANCE - FEMALE	[] []	[] []	1	2	3
	K COMPLETE STRANGER - MALE	[] []	[] []	1	2	3
	L COMPLETE STRANGER – FEMALE M TEACHER - MALE	[] []	[] []	1	2	3
	N TEACHER - FEMALE	[] []	[] []	1	2	3
	O DOCTOR/HEALTH STAFF - MALE	[] []	[] []	1	2	3
	P DOCTOR/HEALTH STAFF - FEMALE	[] []	[] []	1	2	3
	Q					

		<p>RELIGIOUS LEADER - MALE</p> <p>R</p> <p>POLICE/ SOLDIER - MALE</p> <p>S</p> <p>OTHER – MALE (specify) _____</p> <p>W</p> <p>OTHER – FEMALE (specify) _____</p> <p>X</p>		DK = 98	
--	--	--	--	---------	--

1003e	<p>During any of the instances you describe above, did this person put his penis or something else into your vagina, your backside (anus), or mouth?</p> <p><i>Ilo ien kein im kwar kemeleleiki ijin ilon, armij in ear ke likit koko/jabrewot ilon ron eo am, ron in kimirmir eo ak ilon loniim?</i></p>	<p>YES..... 1</p> <p>NO 2</p> <p>DON'T KNOW 8</p> <p>REFUSED/NO ANSWER..... 9</p>	
	Moved		
	Moved		
	<p>When you were a child, was your mother hit by your father (or her husband or boyfriend)?</p> <p><i>Ke kwoj drik, jemom (ak leo ipen/jeran jinom) ekijon ke mane jinom?</i></p>	<p>YES..... 1</p> <p>NO 2</p> <p>DON'T KNOW 8</p> <p>REFUSED/NO ANSWER..... 9</p>	
1007a	<p>When you were a child, did anyone in your family ever beat or physically mistreat you?</p> <p><i>Ke kwoj drik, ewor ke ilo baamle eo am ej kijon mane ak nana an lale eok?</i></p>	<p>YES..... 1</p> <p>NO 2</p> <p>DON'T KNOW 8</p> <p>REFUSED/NO ANSWER..... 9</p>	

<p>* CHECK:</p> <p>Ref. sheet Box A</p> <p>(s10mar)</p>	<p>EVER MARRIED/EVER LIVING WITH A MAN/DATING PARTNER</p> <p>(Options K,L,M) [] <input type="checkbox"/></p> <p>(1)</p>	<p>NEVER MARRIED/NEVER LIVED WITH A MAN/NEVER DATING</p> <p>(Option N) [] <input type="checkbox"/></p> <p>(2)</p>	<p>2S.11</p>
	<p>As far as you know, was your (most recent) partner's mother hit or beaten by her husband? <i>Ilo am jela, leo ippen/beleen jinen likao eo ippam ej ke kijon mane jinen likao eo ippam?</i></p>	<p>YES..... 1</p> <p>NO 2</p> <p>PARENTS DID NOT LIVE TOGETHER 3</p> <p>DON'T KNOW 8</p> <p>REFUSED/NO ANSWER..... 9</p>	
	<p>As far as you know, was your (most recent) husband/partner himself hit or beaten regularly by someone in his family, when he was a child? <i>Ilo am jela, likao eo ippam kio ekajoor ke metak jen jabrewot ilo baamle eo an, ien ko ej ajri?</i></p>	<p>YES..... 1</p> <p>NO 2</p> <p>DON'T KNOW 8</p> <p>REFUSED/NO ANSWER..... 9</p>	

SECTION 11 FINANCIAL AUTONOMY

Now I would like to ask you some questions about things that you own and your earnings. We need this information to understand the financial position of women nowadays.

Kio ikonon kajitok kin mweik ko mweiem kab jaan ko kwoj jerbal im loi. Jenaaj aikuji melele kein non komeleleiki koj kin ia eo kora ro rebed ie ikijen jerbal kin jaan raan kein.

	<p>Please tell me if you own any of the following, either by yourself or with someone else:</p> <p><i>Joj im kwalok ne ewor am men kein, jen kwe make ke ak jen bar juon</i></p>	<table><tr><td>YES</td><td>YES</td><td>NO</td></tr><tr><td>Own</td><td>Own with</td><td>Don't</td></tr><tr><td>by self</td><td>others</td><td>own</td></tr></table>	YES	YES	NO	Own	Own with	Don't	by self	others	own	
YES	YES	NO										
Own	Own with	Don't										
by self	others	own										

<p>a) Land<i>ene/bwirej</i></p> <p>b) Your house<i>mweo imom</i></p> <p>c) A company or business<i>imon wia eo am</i> <i>+</i></p> <p>e) Small animals (chickens, pigs, goats, etc.)<i>menin mour jirik enwot bao, piik</i></p> <p>f) Produce or crops from certain fields or trees<i>kein ikkan ko ilo melaaj ko ak wojke ko</i></p> <p>g) Large household items (TV, bed, cooker)<i>mweik killep enwot tv, bed & kein komat</i></p> <p>h) Jewellery, gold or other valuables<i>men ko raurok enwot marmar gold im ko jet</i></p> <p>h) Motor car<i>Wa</i></p> <p>i) Savings in the bank?<i>Book ilo bank</i></p> <p>x) Other property, specify<i>bar ko jet, komelele ta</i></p> <p>FOR EACH, PROBE: Do you own this on your own, or do you own it with others?</p> <p><i>Am wot men kein ke am im bar juon?</i></p>	<p>a) LAND 1 2 3</p> <p>b) HOUSE 1 2 3</p> <p>c) COMPANY 1 2 3</p> <p>d) -</p> <p>e) SMALL ANIMALS</p> <p>f) PRODUCE</p> <p>g) HOUSEHOLD ITEMS 1 2 3</p> <p>h) JEWELLERY 1 2 3</p> <p>h) MOTOR CAR</p> <p>i) SAVINGS IN BANK</p> <p>x) OTHER PROPERTY: 1 2 3</p> <hr/> <p>1 2 3</p> <p>1 2 3</p> <p>1 2 3</p>		
	<p>a) Do you earn money by yourself? <i>Kwoj ke elolo am jaan ilo am make</i></p>	<p>NO.....A</p>	<p><i>*s11mar</i></p>

	<p><i>jerbal?</i></p> <p>IF YES: What exactly do you do to earn money?</p> <p><i>Ta eo kwoj komane non am maron elolo jaan?</i></p> <p>ASK ALL. SPECIFY:</p> <p>b) Job <i>jerbal</i></p> <p>c) Selling things, trading <i>wia kake jabrewot</i></p> <p>d) Doing seasonal work <i>Keke ak jerbal ilo atake eo am</i></p> <p>x) Any other activity, specify <i>Jerbal ko jet, komelele ta</i></p>	<p>b) JOB: _____</p> <p>c) SELLING/TRADING: _____</p> <p>d) SEASONAL WORK: _____</p> <p>x) OTHER: _____</p>	<p>YES NO</p> <p>1 2</p> <p>1 2</p> <p>1 2</p> <p>1 2</p>	
<p>* CHECK:</p> <p>Ref. sheet, Box A</p> <p>(s11mar)</p>	<p>CURRENTLY MARRIED/CURRENTLY LIVING WITH A MAN</p> <p>(Option K) []</p> <p><input type="checkbox"/></p> <p>(1)</p>	<p>NOT CURRENTLY MARRIED OR LIVING WITH A MAN/CURRENT OR PAST MALE DATING PARTNER</p> <p>(Options L, M, N) [] <input type="checkbox"/></p> <p>(2)</p>		<p>ES.12</p>
CHECK 1102	<p>1. OPTIONS b) c) d) or x) MARKED []</p> <p><input type="checkbox"/></p>	<p>2. OPTION a) MARKED [] <input type="checkbox"/></p>		<p>1105</p>
	<p>Are you able to spend the money you earn how you want yourself, or do you have to give all or part of the money to your husband/partner?</p> <p><i>Kwar ke kojerbal jaan ko kwoj komani/loi non konan ko am make ke kwoj aiku lalak aolep jaan ak jet iaan jaan ko non likao eo ippam?</i></p>	<p>SELF/OWN CHOICE.....1</p> <p>GIVE PART TO HUSBAND/PARTNER2</p> <p>GIVE ALL TO HUSBAND/PARTNER.....3</p> <p>DON'T KNOW8</p> <p>REFUSED/NO ANSWER.....9</p>		

<p>Would you say that the money that you bring into the family is more than what your husband/partner contributes, less than what he contributes, or about the same as he contributes?</p> <p><i>Konej ke kar ba jaan ko kwoj kwaloki non baamle eo elaplak, driklak, ke ak jonan wot jaan ko likao eo ippam ej kwaloki?</i></p>	<p>MORE THAN HUSBAND/PARTNER 1</p> <p>LESS THAN HUSBAND/PARTNER 2</p> <p>ABOUT THE SAME 3</p> <p>DO NOT KNOW..... 8</p> <p>REFUSED/NO ANSWER 9</p>	
<p>Have you ever given up/refused a job for money because your husband/partner did not want you to work?</p> <p><i>Konanin ke kar jolak am jermal non kappok jaan kinke likao eo ippam edrike am jermal?</i></p>	<p>YES 1</p> <p>NO 2</p> <p>DON'T KNOW/DON'T REMEMBER 8</p> <p>REFUSED/NO ANSWER 9</p>	
<p>Has your husband/partner ever taken your earnings or savings from you against your will?</p> <p><i>Likao eo ippam enanin ke kar buki jaan/tobrok in am jermal ilo am job konan bwe en buki?</i></p> <p>IF YES: Has he done this once or twice, several times or many times?</p> <p><i>Juon ak ruo katten, jejo len ke ak elon katten?</i></p>	<p>NEVER..... 1</p> <p>ONCE OR TWICE 2</p> <p>SEVERAL TIMES 3</p> <p>MANY TIMES/ALL OF THE TIME 4</p> <p>N/A (DOES NOT HAVE SAVINGS/EARNINGS)..... 7</p> <p>DON'T KNOW/DON'T REMEMBER 8</p> <p>REFUSED/NO ANSWER..... 9</p>	

	<p>Does your husband /partner ever refuse to give you money for household expenses, even when he has money for other things?</p> <p><i>Likao eo ippam ekijon ke jab lewaj jaan non aikuj drikdrik ko ami jekron ne ewor an jaan non aikuj ko jet?</i></p> <p>IF YES: Has he done this once or twice, several times or many times?</p> <p><i>Juon ak ruon katten, jeijo ien ak elon katten?</i></p>	<p>NEVER.....1</p> <p>ONCE OR TWICE2</p> <p>SEVERAL TIMES3</p> <p>MANY TIMES/ALL OF THE TIME4</p> <p>N/A (PARTNER DOES NOT EARN MONEY).....7</p> <p>DON'T KNOW/DON'T REMEMBER8</p> <p>REFUSED/NO ANSWER.....9</p>	
	<p>In case of emergency, do you think that you alone could raise enough money to house and feed your family for 4 weeks? This could be for example by selling things that you own, or by borrowing money from people you know, or from a bank or moneylender?</p> <p><i>Ilo tomak ne am, komaron ke make bukot jikin jokwe kab kijan baamle ne am iumin 4 wiik ko elane enaj wor irin in makitkit ko?</i></p> <p><i>Enwot wia kaki mweik ko mweiem, ak borrow jaan jen armij ro kojela kajeer, ak ebbok jen bank ko ak jikin borrow jaan ko?</i></p>	<p>YES.....1</p> <p>NO2</p> <p>DON'T KNOW8</p> <p>REFUSED/NO ANSWER.....9</p>	

SECTION 12 COMPLETION OF INTERVIEW

	<p>I would now like to give you a card. On this card are two pictures. No other information is written on the card. The first picture is of a sad face, the second is of a happy face.</p> <p><i>Kio inej lewaj juon kaat. Ilo kaat in ewor ruo pija. Ejelak bar melele ebed ilo kaat in. Pija eo jinoin ej pijaan mejen armij eo ejab monono, im pija eo kein karuo ej pijaan mejen armij eo emonono.</i></p> <p>No matter what you have already told me, I would like you to put a mark below the sad picture if someone has ever touched you sexually, or made you do something sexual that you didn't want to, <u>before you were 15 years old</u>.</p> <p><i>Jekron ta emoj am kar ba non na, ikonon bwe kwon likit pijaan mejen armij eo ejab monono ne ewor juon ar jibwe eok ilo wewein ko rejekkar ak komman bwe kwon komane wewein ko rejekkar im kwar jab konan komane mokta jen an kar 15 am iio.</i></p> <p>Please put a mark below the happy face if this has never happened to you.</p> <p>Once you have marked the card, please fold it over and put it in this envelope. This will ensure that I do not know your answer.</p> <p><i>Joi im kokalleik mejen armij eo emonono ne wewein in ejanin kar walok non kwe. Ne emoj am kokalle ki kaat in, joi im limi im likiti lowaan envelope eo. Wewein in ej kwalok ke ijaje uaak eo am.</i></p> <p>GIVE RESPONDENT CARD AND PEN. MAKE SURE THAT THE RESPONDENT FOLDS THE CARD; PUTS IT IN THE ENVELOPE; AND SEALS THE ENVELOPE BEFORE GIVING IT BACK TO YOU. ON LEAVING THE INTERVIEW SECURELY ATTACH THE ENVELOPE TO THE QUESTIONNAIRE (OR WRITE THE QUESTIONNAIRE CODE ON THE ENVELOPE).</p>	<p>CARD GIVEN FOR COMPLETION 1</p> <p>CARD <u>NOT</u> GIVEN FOR COMPLETION 2</p>
1202.	We have now finished the interview. Do you have any comments, or is there anything else you would like to add? <i>Emoj an dredrelak kajitok ko. Ewor ta koknan ba ak kakobaba non melele kein?</i>	

	<hr/> <hr/> <hr/> <hr/> <hr/> <hr/> <hr/> <hr/>	
1202 a	<p>Do you have any recommendations or suggestions that could help to stop domestic violence against women in this country?</p> <p><i>Ewor ke am naan in kokabiloklok ko remaron jiban bwe en driklak kakure ko nae kora ilo aelon kein ad?</i></p> <hr/> <hr/> <hr/> <hr/> <hr/> <hr/> <hr/> <hr/>	
	<p>I have asked you about many difficult things. How has talking about these things made you feel?</p> <p><i>Kajitok ko iar lewaj elap aer ebben. Ta eo kwar enjake ilo am kar konono kin men kein?</i></p> <p>WRITE DOWN ANY SPECIFIC RESPONSE GIVEN BY RESPONDENT</p> <hr/> <hr/> <hr/> <hr/> <hr/> <hr/> <hr/> <hr/>	<p>GOOD/BETTER 1</p> <p>BAD/WORSE 2</p> <p>SAME/ NO DIFFERENCE 3</p>

<p>Finally, do you agree that we may contact you again if we need to ask a few more questions for clarification?</p> <p><i>Kwoj ke erra non amim maron bar kepaak eok elane enaaj wor amim bar kajitok?</i></p>	<p>YES 1</p> <p>NO 2</p>	
<p>FINISH ONE – IF RESPONDENT HAS DISCLOSED PROBLEMS/VIOLENCE</p> <p>I would like to thank you very much for helping us. I appreciate the time that you have taken. I realize that these questions may have been difficult for you to answer, but it is only by hearing from women themselves that we can really understand about their health and experiences of violence.</p> <p>From what you have told us, I can tell that you have had some very difficult times in your life. No one has the right to treat someone else in that way. However, from what you have told me I can see also that you are strong, and have survived through some difficult circumstances.</p> <p>Here is a list of organizations that provide support, legal advice and counselling services to women in STUDY LOCATION. Please do contact them if you would like to talk over your situation with anyone. Their services are free, and they will keep anything that you say private. You can go whenever you feel ready to, either soon or later on.</p> <p><i>Ikonan kamolol eok kin am kar jiban kem, kin ien eo kwar jolak im ronjake kajitok ko. Ijela ke kajitok ko elap aer ebben non uaak I ak ilo ad ronjake bwebwenato ko jen kora ro make ekoman ad lukun melele kin kain kakure ko emoj aer ioon I ilo mour in.</i></p> <p><i>Jen naan ko am, ij loeke elap am kar ioon elon kain aban ko ilo mour ne am. Ejelak an juon maron non komane wewein kein non kwe. Ijowotke, jen melele kein kwar ba tok, ij loe ke kwe juon kora eo eberan, kajoer im ar jutak ben im jelmae elon aban/joraan ilo mour eo an.</i></p> <p><i>Enin ej juon laajrik in joko komaron kabbok jiban jen I ikijen aer nej lewaj naan in rejan kab jiban ko jet. Joij im kajeon kepaak ere lane koknan konono ipen juon kin wewein mour eo am. Ejelak wonen am etal im konono ipeir im aolep melele ko konej konono ipeir kaki reban riwoj lak. Komaron etal jabrewot ien kobojak.</i></p>		

FINISH TWO - IF RESPONDENT HAS NOT DISCLOSED PROBLEMS/VIOLENCE

I would like to thank you very much for helping us. I appreciate the time that you have taken. I realize that these questions may have been difficult for you to answer, but it is only by hearing from women themselves that we can really understand about women's health and experiences in life.

Ikonan kamolol eok kin ien eo kwar letok non jiban uaak I kajitok ko. Ijela ke elap an ben am kar uaak I kajitok kein, ak ilo ad ron bwebwenato im melele ko jen kora ro rej ioon joraan kein, elukun jiban im elaplak ad melele kin ta ko kora ro rej ioon I ilo mour ko aer.

In case you ever hear of another woman who needs help, here is a list of organizations that provide support, legal advice and counselling services to women in STUDY LOCATION. Please do contact them if you or any of your friends or relatives need help. Their services are free, and they will keep anything that anyone says to them private.

1205 RECORD TIME OF END OF INTERVIEW: Hour [] [] (24 h)

Minutes [] []

1206.ASK THE RESPONDENT. How long did you think the interview lasted?*Ilo am lomnak, ewi to in ao kajitok ko?*

THIS SHOULD BE HER OWN ESTIMATE

Hours [] Minutes [] []

INTERVIEWER COMMENTS TO BE COMPLETED AFTER INTERVIEW

[illegible]

REFERENCE SHEET (THIS WILL BE USED IF VIOLENCE QUESTIONS APPLIED TO ALL WOMEN WHO EVER HAD A PARTNER, CURRENT OR PAST)

Box A. MARITAL STATUS

Copy exactly from Q119 and 120a. Follow arrows and mark **only ONE** of the following for marital status:

119	<p>Are you <u>currently</u> married or do you have a male partner? <i>Kwe ke ri'marry ak kwoj ke belele kio?</i></p> <p>IF RESPONDENT HAS A MALE PARTNER ASK</p> <p>Do you and your partner live together? <i>Komiro ej ke kiki ipen droon?</i></p>	<p>CURRENTLY MARRIED AND LIVING TOGETHER.....</p> <p>CURRENTLY MARRIED NOT LIVING TOGETHER.....</p> <p>LIVING WITH MAN, NOT MARRIED</p> <p>CURRENTLY HAVING A REGULAR PARTNER (ENGAGED, DATING), NOT LIVING TOGETHER.....</p> <p>NOT CURRENTLY MARRIED OR LIVING WITH A MAN (NOT INVOLVED IN A RELATIONSHIP WITH A MAN).....</p> <p>CURRENTLY HAVING FEMALE PARTNER</p>	<p><input type="checkbox"/> Currently married and/or living with man (K)</p> <p><input type="checkbox"/> Currently with regular sexual partner (dating relationship) (L)</p> <p><input type="checkbox"/> Previously married/previously lived with man (no current sexual relationship) (M1)</p> <p><input type="checkbox"/> Previously had sexual relationship (M2)</p>
120 a	<p>Have you <u>ever</u> been married or lived with a male partner? <i>Konanin ke kar marry ak jokwe ipen juon emaan?</i></p>	<p>YES, MARRIED.....</p> <p>LIVED WITH A MAN, NOT MARRIED.....</p> <p>NO</p>	
120 b	<p>Have you ever had a regular male sexual partner? <i>Enanin ke kar wor emaan kwoj kiki/bed ipen?</i></p>	<p>YES.....</p> <p>NO.....</p>	<p><input type="checkbox"/> Never married /never lived with man (no current or past sexual relationship) (N)</p>

123. Number of times married/lived together with man: [] [] (0)

Box B. REPRODUCTIVE HISTORY

Check and complete ALL that applies for reproductive history of respondent:

(P) Respondent has been pregnant at least once (Question 308, 1 or more) [] Yes [] No

Armij in ar bororo juon katten...

(Q) Respondent had at least one child born alive (Question 301, 1 or more) [] Yes [] No

Armij in ewor nejin ajri ear lotak im mour...

(R) Respondent has children who are alive (Question 303, 1 or more) [] Yes [] No

Armij in ewor nejin ajri rej mour wot...

(S) Respondent is currently pregnant (Question 310, option 1) [] Yes [] No

Armij in ej bororo kio...

(T) Number of pregnancies reported (Question 308): [] []

Jete katten an bororo ar konono kaki...

Box C. VIOLENCE BY PARTNER

Check and complete ALL that applies for respondent:

(U) Respondent has been victim of physical violence (Question 707) [] Yes [] No

(V) Respondent has been victim of sexual violence (Question 708) [] Yes [] No

Annex III. Differences between the RMI and WHO generic questionnaire

Summary of adaptations in the RMI questionnaire

Safe name of the study:

- Family Health and Safety Study

Administration Form:

- Country specific adaptations to arrive at unique individual codes for each questionnaire based on existing census ordering consisting of atoll (two digits), cluster number (two digits), and household number (three digits)

Household Selection Form:

- The only change was the addition of the Marshallese translation

Household Questionnaire:

- Q1-Q5: answer options were revised based on Marshallese specific options commonly used in other surveys.
- Q0: new question added based on other surveys in the Marshall Islands

Section 1:

- S108a: on religion adapted for predominant religions in the Marshall Islands
- S108b: revised to ask country of citizenship or country of identity
- S111b: adapted based on anticipated responses
- S112: adapted based on geographic associations
- S133-S135: removed as bride price is not part of Marshallese custom
- Marshallese translation added for all questions (in blue)

Section 2:

- Marshallese translation added for all questions (in blue)
- No country-specific adaptations made

Section 3:

- 1004 adapted to define sexual intercourse as oral sex, anal, or vaginal penetration
- S313: responses adapted to include 'drinking lots of water'
- Marshallese translation added for all questions (in blue)

Section 4:

- S416: KG changed to LBS
- Marshallese translation added for all questions (in blue)

Section 5:

- S502a: responses adapted to Marshallese-specific geographic associations
- S505: responses adapted to reflect country-specific codes
- Marshallese translation added for all questions (in blue)

Section 6:

- Removed S602, S604 and S606
- Marshallese translation added for all questions (in blue)

Section 7:

- After S704, S705 and S706, wording of final filter changed to read 'did this happen before the past 12 months?'
- S704, S705, S706: final filter (section D) response choice '0' added
- S704: question d wording changed with addition of verbally threatened
- Marshallese translation added for all questions (in blue)

Section 8:

- Marshallese translation added for all questions (in blue)

Section 9:

- S903 removed
- First skip option changed to 904
- S905 removed
- Second skip option changed to 906
- S908, S909: response option for priest adapted to include religious leader
- S913 adapted to include relatives and social worker responses
- Marshallese translation added for all questions (in blue)

Section 10:

- S1009 removed
- Marshallese translation added for all questions (in blue)

Section 11:

- S1101: removed option d)
- Marshallese translation added for all questions (in blue)

Face card: the face card prepared by Dr. Henriette Jansen for the Samoa 2000 survey was considered useful and culturally acceptable for the Marshall Islands

Reference sheet II was used so that questions of violence will be administered to all currently and formerly partnered women (married, cohabitated and with boyfriend)

Annex IV. Tables

Table 3.1. Household and individual sample obtained and response rates, MARSHALL ISLANDS, 2012

	Urban				Rural				Urban				Rural				Total			
	Urban		Rural		Urban		Rural		Urban		Rural		Urban		Rural		Urban		Rural	
	Number	%	Number	%	Number	%	Number	%	Number	%	Number	%	Number	%	Number	%	Number	%	Number	%
Total number of households in the sample	918	100.0	383	100.0	918	100.0	84	100.0	110	100.0	157	100.0	32	100.0	1301	100.0				
Dwelling vacant	32	3.5	16	4.2	32	3.5	3	3.6	3	2.7	10	6.4	0	0.0	48	3.7				
Dwelling destroyed	4	0.4	1	0.3	4	0.4	0	0.0	1	0.9	0	0.0	0	0.0	5	0.4				
Dwelling not found	40	4.4	18	4.7	40	4.4	2	2.4	0	0.0	16	10.2	0	0.0	58	4.5				
Strange language (not eligible)	15	1.6	0	0.0	15	1.6	0	0.0	0	0.0	0	0.0	0	0.0	15	1.2				
Total number of true (eligible) households visited	827	90.1	348	90.9	827	90.1	79	94.0	106	96.4	131	83.4	32	100.0	1175	90.3				
Household absent	31	3.7	19	5.5	31	3.7	7	8.9	1	0.9	9	6.9	2	6.3	50	4.3				
No member at home	15	1.8	0	0.0	15	1.8	0	0.0	0	0.0	0	0.0	0	0.0	15	1.3				
Refused at household level	24	2.9	4	1.1	24	2.9	0	0.0	2	1.9	2	1.5	0	0.0	28	2.4				
Household interview completed (household response rate, based on true households)	757	91.6	325	93.4	757	91.6	72	91.1	103	97.2	120	91.5	30	93.8	1082	92.1				
No eligible woman in household	60	7.9	27	8.3	60	7.9	4	5.6	12	11.7	11	9.2	0	0.0	87	8.0				
Total number of households with selected eligible woman	697	92.1	298	91.7	697	92.1	68	94.4	91	88.3	109	90.8	30	100.0	995	92.0				
Selected woman not at home	6	0.9	1	0.3	6	0.9	1	1.5	0	0.0	0	0.0	0	0.0	7	0.7				
Selected woman incapacitated	0	0.0	2	0.7	0	0.0	0	0.0	2	2.2	0	0.0	0	0.0	2	0.2				
Refused by selected woman	20	2.9	1	0.3	20	2.9	0	0.0	0	0.0	0	0.0	1	3.3	21	2.1				
Does not want to continue (partially completed)	17	2.4	1	0.3	17	2.4	1	1.5	0	0.0	0	0.0	0	0.0	18	1.8				
Completed individual interview (individual response rate based on households with selected eligible woman)	654	93.8	293	98.3	654	93.8	66	97.1	89	97.8	109	100.0	29	96.7	947	95.2				

Table 3.2. Characteristics of respondents in the sample (unweighted and weighted for number of eligible women in household), Marshall Islands 2012

	Urban (unweighted)			Rural (unweighted)			Total (unweighted)			Total (weighted*)		
	All respondents		Ever-Partnered	All respondents		Ever-Partnered	All respondents		Ever-Partnered	All respondents		Ever-Partnered
	Number	%	Number	Number	%	Number	Number	%	Number	Number	%	Number
Total	654	69.1	635	293	30.9	289	947	100.0	924	947	100.0	921
Strata												
Urban	654	100.0	635	0	0.0	0	654	69.1	635	690	72.9	669
Close to Majuro	0	0.0	0	66	5	66	66	7.0	66	64	6.8	64
Good social services	0	0.0	0	89	4	86	89	9.4	86	76	8.0	73
Typical Outer Islands	0	0.0	0	109	2	108	109	11.5	108	99	10.5	98
Isolated Outer Islands	0	0.0	0	29	9.9	29	29	3.1	29	17	1.8	17
Religion												
United Church of Christ (Protestant)	249	38.1	245	155	9	152	404	42.7	397	425	44.9	419
Roman Catholic	53	8.1	51	25	8.5	25	78	8.2	76	71	7.5	70
Assembly of God (MIST, ENGLISH SERVICE)	115	17.6	110	40	7	40	155	16.4	150	143	15.1	137
Jehovah's Witness	16	2.4	16	0	0.0	0	16	1.7	16	15	1.6	15
Reformed Congregational Church	9	1.4	9	8	2.7	8	17	1.8	17	14	1.4	14
LDS (Mormon)	80	12.2	75	12	4.1	12	92	9.7	87	97	10.3	91
Seventh Day Adventist (SDA)	11	1.7	10	6	2.0	6	17	1.8	16	14	1.5	13
Bukot Nan Jesus (BNJ)	39	6.0	38	18	6.1	18	57	6.0	56	59	6.2	57
Other	78	11.9	77	29	9.9	28	107	11.3	105	107	11.3	104
No Religion	3	0.5	3	0	0.0	0	3	0.3	3	1	0.1	1
Did not say	1	0.2	1	0	0.0	0	1	0.1	1	1	0.1	1
Education of respondent												
Not attended school	2	0.3	2	2	0.7	2	4	0.4	4	5	0.5	5
Elementary	122	18.7	119	106	2	106	228	24.1	225	226	23.9	222
High School	429	65.6	416	148	5	145	577	60.9	561	597	63.0	579
College	101	15.4	98	37	6	36	138	14.6	134	120	12.6	115
Ethnicity												
RMI	629	96.2	612	292	7	288	921	97.3	900	928	98.0	904
FSM, Palau	7	1.1	5	0	0.0	0	7	0.7	5	8	0.8	6

Other Pacific Islands	9	1.4	9	1.4	1	0.3	1	0.3	10	1.1	10	1.1	7	0.7	7	0.7
Taiwan, China, Japan, Philippines	7	1.1	7	1.1	0	0.0	0	0.0	7	0.7	7	0.8	3	0.3	3	0.3
USA	2	0.3	2	0.3	0	0.0	0	0.0	2	0.2	2	0.2	1	0.2	1	0.2
Age group of respondent																
15-19	28	4.3	21	3.3	8	2.7	5	1.7	36	3.8	26	2.8	41	4.3	29	3.1
20-24	92	14.1	88	13.9	25	8.5	25	8.7	117	12.4	113	12.2	119	12.6	114	12.4
25-29	73	11.2	70	11.0	45	4	44	2	118	12.5	114	12.3	119	12.6	115	12.4
30-34	107	16.4	105	16.5	46	7	46	9	153	16.2	151	16.3	149	15.8	146	15.9
35-39	95	14.5	94	14.8	43	7	43	9	138	14.6	137	14.8	132	14.0	131	14.3
40-44	92	14.1	92	14.5	37	6	37	8	129	13.6	129	14.0	125	13.2	125	13.5
45-49	62	9.5	62	9.8	38	0	38	1	100	10.6	100	10.8	98	10.3	98	10.6
50-54	60	9.2	59	9.3	25	8.5	25	8.7	85	9.0	84	9.1	86	9.1	85	9.3
55-59	25	3.8	24	3.8	17	5.8	17	5.9	42	4.4	41	4.4	44	4.6	43	4.7
60-64	20	3.1	20	3.1	9	3.1	9	3.1	29	3.1	29	3.1	35	3.6	35	3.8
Current Partnership status ****																
Never partnered	20	3.1	0	0.0	4	1.4	0	0.0	24	2.5	0	0.0	26	2.7	0	0.0
Currently married	335	51.2	335	52.8	189	5	189	4	524	55.3	524	56.7	497	52.5	497	54.0
Living with man (not married)	214	32.7	214	33.7	78	6	78	0	232	30.8	232	31.6	301	31.8	301	32.7
Regular partner (dating)	39	6.0	39	6.1	8	2.7	8	2.8	47	5.0	47	5.1	55	5.9	55	6.0
Divorced/separated/formerly dating	36	5.5	36	5.7	12	4.1	12	4.2	49	5.2	49	5.3	54	5.7	54	5.9
Widowed	10	1.5	10	1.6	2	0.7	2	0.7	12	1.3	12	1.3	13	1.4	13	1.4
Household assets index																
Least Assets	48	21.1	48	21.1	179	9	179	9	227	24.0	227	24.6	205	21.7	205	22.3
Middle Assets	241	70.7	234	68.6	100	3	97	3	341	36.0	331	35.8	359	37.9	347	37.7
Most Assets	365	96.3	353	93.1	14	3.7	13	3.6	379	40.0	366	39.6	383	40.5	368	40.0

* Weights have been applied to correct for selection probability of households and of eligible women within the household.

Table 3.3. Characteristics of respondents in the sample (unweighted and weighted) and female population age 15-64 years in the general population (based on 2011 census)

	Unweighted		Weighted*		Census (YEAR)	
	All respondents		All respondents		Female population 15-64	
	Number	%	Number	%	Number	%
Total	947	100.0	947	100.0	15166	100.0
Urban- Rural						
Urban	654	69.1	690	73.0	11733	77.4
Rural	293	30.9	257	27.0	3433	22.6
Strata						
Urban	654	69.1	690	72.9	11733	77.4
Close to Majuro	66	7.0	64	6.8		
Good social services	89	9.4	76	8.0		
Typical Outer Islands	109	11.5	99	10.5		
Isolated Outer Islands	29	3.1	17	1.8		
Religion						
United Church of Christ (Protestant)	404	42.7	425	44.9	12141*	
Roman Catholic	78	8.2	71	7.5	2172*	
Assembly of God (MIST, ENGLISH SERVICE)	155	16.4	143	15.1	4190*	
Jehovah's Witness	16	1.7	15	1.6	475*	
Reformed Congregational Church	17	1.8	14	1.4	760*	
LDS (Mormon)	92	9.7	97	10.3	1905*	
Seventh Day Adventist (SDA)	17	1.8	14	1.5	371*	
Bukot Nan Jesus (BNJ)	57	6.0	59	6.2	1432*	
Other	107	11.3	107	11.3	2289*	
No Religion	3	0.3	1	0.1	180*	
Did not say	1	0.1	1	0.1	0	
Education of respondent						
No education	4	0.4	5	0.5	485*	
Elementary	228	24.1	226	23.9	9626*	
High School	577	60.9	597	63.0	9209*	
College	138	14.6	120	12.6	1782*	

Ethnicity					
RMI	921	97.3	928	98.0	
FSM, Palau	7	0.7	8	0.8	
Other Pacific Islands	10	1.1	7	0.7	
Taiwan, China, Japan, Philippines	7	0.7	3	0.3	
USA	2	0.2	1	0.2	
Age group of respondent					
15-19	36	3.8	41	4.3	2314
20-24	117	12.4	119	12.6	2480
25-29	118	12.5	119	12.6	2245
30-34	133	16.2	149	15.8	1913
35-39	138	14.6	132	14.0	1549
40-44	129	13.6	125	13.2	1366
45-49	100	10.6	98	10.3	1155
50-54	85	9.0	86	9.1	914
55-59	42	4.4	44	4.6	761
60-64	29	3.1	35	3.6	469
Current Partnership status					
Never partnered	24	2.5	26	2.7	4663
Currently married	524	55.3	497	52.5	5167
Living with man (not married)	292	30.8	301	31.8	4621
Regular partner (dating)	47	5.0	55	5.9	
Divorced/separated/formerly dating	49	5.2	54	5.7	352
Widowed	12	1.3	13	1.4	601
Household assets index					
Least Assets	227	24.0	205	21.7	
Middle Assets	341	36.0	359	37.9	
Most Assets	379	40.0	383	40.5	

* Includes 6-14 years old and 65 and over.

** Weights have been applied to correct for selection probability of households and of eligible women within the household.

Table 3.4. Prevalence of partner violence for ever partnered women in the household, unweighted and weighted for probability of household selection and individual selection, Marshall Islands, 2012

Type of partner violence	Prevalence unweighted			Prevalence weighted for selection probability of hh*			Prevalence weighted for selection probability of hh and for number of eligible women in hh**		
	%	95% CI	%	95% CI	%	95% CI	%	95% CI	
Lifetime physical violence	48.2	44.9 - 51.4	48.1	44.9 - 51.3	48.1	44.9 - 51.3	48.1	44.9 - 51.3	
Current physical violence	15.6	13.2 - 17.9	15.7	13.3 - 18.0	16.2	13.8 - 18.6	16.2	13.8 - 18.6	
Lifetime sexual violence	20.5	17.9 - 23.1	20.4	17.8 - 22.9	20.6	17.9 - 23.2	20.6	17.9 - 23.2	
Current sexual violence	6.3	4.7 - 7.8	6.3	4.7 - 7.8	5.8	4.3 - 7.3	5.8	4.3 - 7.3	
Lifetime phys/sexual violence	51.3	48.1 - 54.5	51.4	48.2 - 54.6	51.0	47.7 - 54.2	51.0	47.7 - 54.2	
Current phys/sexual violence	17.7	15.3 - 20.2	17.9	15.4 - 20.3	18.2	15.7 - 20.7	18.2	15.7 - 20.7	
Lifetime emotional violence	47.3	44.1 - 50.5	47.5	44.3 - 50.7	47.6	44.3 - 50.8	47.6	44.3 - 50.8	
Current emotional violence	22.8	20.1 - 25.6	22.7	20.0 - 25.4	22.1	19.4 - 24.8	22.1	19.4 - 24.8	

*Household weights have been applied to correct for differences probability of the selection of the household

** Female weights have been applied to correct for both the probability of the hh selection as well as the selection of the respondent among the eligible women within the household

Table 3.5. Women's satisfaction upon completion of interview and duration of interview, according to experience of partner violence, Marshall Islands, 2012

	By experience of partner violence				
	All ever-partnered respondents (100%) (n=924)	No violence (48.9%) (n=452)	Only sexual violence (3.0%) (n=28)	Only physical violence (30.4%) (n=281)	Both physical and sexual violence (17.6%) (n=163)
The interview made you feel.. **					
Good/better	86.8	83.6	86.2	89.1	91.9
Same/ no difference	12.0	15.1	10.3	9.5	8.1
Worse	1.2	1.3	3.4	1.4	0.0
Agreed to be contacted again**					
Yes	99.1	99.1	100.0	98.6	100.0
No	0.9	0.9	0.0	1.4	0.0
Duration of interview*					
Mean (minutes)	199.0	184.0	132.0	196.0	227.0
Median (minutes)	138	133	75	125	157

* For the calculation of duration of interview, 18 observations were dropped due to "negative" or unlikely short duration (less than 10 minutes)

** Used unweighted data

Table 4.1. Prevalence of physical, sexual and physical and/or sexual partner violence, among ever-partnered women, MARSHALL ISLANDS, 2012

	Physical violence		Sexual violence		Physical and/or sexual violence		Number of ever-partnered women (N)
	Lifetime prevalence (%)	12-month prevalence (%)	Lifetime prevalence (%)	12-month prevalence (%)	Lifetime prevalence (%)	12-month prevalence (%)	
Total (Number)	445	144	189	58	474	164	924
Total (%)	48.1	16.2	20.6	5.9	50.9	18.2	924
Strata							
Urban	47.4	16.4	20.3	6.3	50.7	18.4	635
Rural	50.0	15.5	21.4	4.8	51.6	17.9	289
Religion							
United Church of Christ (Protestant)	47.3	17.7	21.3	7.6	50.1	20.0	397
Roman Catholic	47.1	17.1	10.0	2.9	50.0	17.4	76
Assembly of God (Marshall Island, ENGLISH SERVICE)	46.0	15.3	20.4	2.2	47.4	15.3	150
LDS (Mormon)	53.8	22.2	18.9	8.8	55.6	24.2	87
Others	49.0	10.7	23.0	4.4	53.7	13.7	214
Education of respondent							
Did not attend school/ Elementary	55.8	14.5	26.1	3.5	56.6	15.0	229
High School	46.2	17.6	19.9	7.3	50.3	20.5	561
College	42.6	12.2	13.0	2.6	43.1	12.9	134
Age group of respondent							
15-24	38.2	24.5	14.6	10.4	43.4	27.3	139
25-29	46.1	19.1	24.3	11.4	50.0	22.8	114
30-34	54.8	22.4	28.6	7.5	57.5	24.7	151
35-39	51.9	16.8	22.7	3.8	53.4	17.6	137
40-44	42.7	12.0	16.8	4.0	44.8	13.6	129
45-49	56.7	11.2	20.4	2.0	56.7	12.2	100
50-64	48.5	7.4	17.8	1.2	52.1	8.6	154
Current Partnership status							
Currently married/Living With Man, not married/ Dating	48.8	16.9	20.3	5.7	51.5	18.9	863
Formerly partnered	38.8	7.4	25.0	7.4	44.1	10.4	61
Household assets index							
Least Assets	56.1	21.0	22.9	4.9	57.6	23.4	227
Middle Assets	45.5	14.1	19.6	5.5	49.3	16.1	331
Most Assets	45.9	15.2	20.1	6.5	48.8	17.3	366

Table 4.2. Prevalence of different acts of physical violence by husbands/partnered, among ever-partnered women, MARSHALL ISLANDS, 2012

	Urban (N=635)		Rural (N=289)		Total (N=924)	
	Ever happened (%)	During past 12 months (%)	Ever happened (%)	During past 12 months (%)	Ever happened (%)	During past 12 months (%)
Slapped, threw something	41.4	12.4	47.6	15.1	43.1	13.1
Pushed or shoved	32.1	11.1	35.3	8.7	33.0	10.4
Hit with a fist or something else	32.1	9.4	35.7	9.9	33.1	9.6
Kicked, dragged, beat	24.1	6.7	27.0	8.3	24.9	7.2
Choked or burnt on purpose	8.1	1.9	10.3	2.4	8.7	2.1
Threatened or used a gun, knife or weapon	8.2	1.8	9.9	2.0	8.7	1.8
At least one act of physical violence	47.4	16.4	50.0	15.5	48.1	16.2

Table 4.3. Prevalence of physical partner violence, broken down by severity, among ever-partnered women, MARSHALL ISLANDS, 2012

	Moderate physical violence (%)	Severe physical violence (%)	Number of ever-partnered women (N)
Total (Number)	106	339	924
Total (%)	11.9	36.2	924
Strata			
Urban	11.7	35.7	635
Rural	12.7	37.3	289
Religion			
United Church of Christ (Protestant)	10.8	36.4	397
Roman Catholic	20.0	27.1	76
Assembly of God (MIST, ENGLISH SERVICE)	10.9	35.0	150
LDS (Mormon)	14.3	39.6	87
Others	11.2	38.0	214
Education of respondent			
Did not attend school/ Elementary	10.9	45.1	229
High School	12.3	33.9	561
College	13.0	29.6	134
Age group of respondent			
15-24	16.0	22.2	139
25-29	11.3	34.8	114
30-34	11.6	43.2	151
35-39	11.5	40.5	137
40-44	13.6	29.6	129
45-49	10.3	46.4	100
50-64	9.2	39.3	154
Current Partnership status			
Currently married/Living With Man, not married/ Dating	12.2	36.7	863
Formerly partnered	9.0	29.9	61
Household assets index			
Least Assets	15.1	41.0	227
Middle Assets	10.6	35.1	331
Most Assets	11.4	34.5	366

Table 4.4. Prevalence of specific acts of physical violence by husbands/partners in the past 12 months, and frequency distribution of number of times the acts happened, MARSHALL ISLANDS, 2012

	Urban (N=635)				Rural (N=289)				Total (N=924)			
	Happened in past 12 months (%)	One time (%)	Few (2-5) times (%)	Many times (%)	Happened in past 12 months (%)	One time (%)	Few (2-5) times (%)	Many times (%)	Happened in past 12 months (%)	One time (%)	Few (2-5) times (%)	Many times (%)
Slapped you or thrown something	12.4	24.1	56.6	19.3	15.1	20.5	56.4	23.1	13.1	23.0	56.6	20.5
Pushed you or shoved you	11.1	24.7	50.7	24.7	8.7	4.5	59.1	36.4	10.4	20.0	52.6	27.4
Hit you with his fist or with something else	9.4	17.5	68.3	14.3	9.9	0.0	60.0	40.0	9.6	12.5	65.9	21.6
Kicked or dragged you	6.7	20.5	54.5	25.0	8.3	4.8	57.1	38.1	7.2	15.4	55.4	29.2
Choked or burnt you	1.9	30.8	69.2	0.0	2.4	0.0	83.3	16.7	2.1	21.1	73.7	5.3
Threatened with or used weapon	1.8	8.3	58.3	33.3	2.0	20.0	40.0	40.0	1.8	11.8	52.9	35.3

Table 4.6. Characteristics of violence during pregnancy as reported by ever-pregnant women, MARSHALL ISLANDS, 2012

	Ever pregnant women		Women ever beaten during a pregnancy					Women beaten during pregnancy by the same person as before the pregnancy				Total no. of women beaten by the same person before the pregnancy (N)
	Ever beaten during a pregnancy (%)	Total no. of pregnant women (N)	Punched or kicked in abdomen (%)	Beaten in recent pregnancy by father of child (%)	Living with person who beat her while pregnant (%)	Beaten by same person as before the pregnancy (%)	Total no. of women ever beaten in pregnancy (N)	Beating got worse during pregnancy (%)	Beating stayed the same (%)	Beating got less pregnancy (%)		
Total (Number)	92	853	32	72	67	59	92	20	21	18	59	
Total (%)	10.1	853	30.6	81.2	76.3	61.7	92	36.2	36.9	26.9	59	
Strata												
Urban	9.5	575	31.6	86	73.7	63.2	57	33.3	27.8	38.9	36	
Rural	11.6	278	40	65.7	71.4	65.7	35	34.8	47.8	17.4	23	
Religion												
United Church of Christ (Protestant)	6.9	372	35.5	87.1	64.5	71	31	45.5	22.7	31.8	22	
Roman Catholic	8.1	68	20	40	100	20	5	0	100	0	1	
Assembly of God (MIST, ENGLISH SERVICE)	14.6	136	35	85	75	60	20	16.7	50	33.3	12	
LDS (Mormon)	12.9	82	33.3	91.7	75	58.3	12	57.1	14.3	28.6	7	
Others	13	195	37.5	62.5	75	70.8	24	23.5	47.1	23.5	17	
Education of respondent												
Did not attend school/ Elementary	12.9	219	41.4	82.8	82.8	75.9	29	40.9	31.8	27.3	22	
High School	9.4	519	30.9	76.4	67.3	60	55	30.3	39.4	30.3	33	
College	8.2	115	37.5	75	75	50	8	25	25	50	4	
Age group of respondent												
15-24	7.2	98	37.5	87.5	87.5	50	8	50	0	50	4	
25-29	11.9	102	6.7	60	86.7	80	15	58.3	8.3	33.3	12	
30-34	9.9	145	46.7	86.7	73.3	40	15	66.7	16.7	16.7	6	
35-39	7.8	134	63.6	72.7	63.6	63.6	11	28.6	42.9	28.6	7	
40-44	5.8	126	54.5	81.8	72.7	90.9	11	10	50	40	10	
45-49	19.4	95	18.8	81.3	75	50	16	25	37.5	37.5	8	
50-64	10.5	153	31.3	81.3	56.3	75	16	16.7	66.7	16.7	12	
Current Partnership status												
Currently married/Living With Man, not married/												
Dating	10.4	803	34.8	77.5	71.9	65.2	89	32.8	36.2	31	58	
Formerly partnered	5.7	50	33.3	100	100	33.3	3	100	0	0	1	
Household assets index												
Least Assets	13.3	219	40	63.3	76.7	66.7	30	35	50	15	20	
Middle Assets	9.9	308	32.4	88.2	67.6	52.9	34	38.9	16.7	44.4	18	
Most Assets	8.6	326	32.1	82.1	75	75	28	28.6	38.1	33.3	21	

Table 4.7. Prevalence of specific acts of sexual violence by husbands/partners, as reported by ever-partnered women, MARSHALL ISLANDS, 2012

	Urban (N=635)		Rural (N=289)		Total (N=924)
	Ever happened (%)	During past 12 months (%)	Ever happened (%)	During past 12 months (%)	Ever happened (%)
Physically forced to have sexual intercourse when she did not want to	18.3	5.4	19.0	4.7	18.5
Had sexual intercourse she did not want to because she was afraid of what your partner might do	12.6	2.8	12.7	1.6	12.6
Forced to perform degrading or humiliating sexual act	7.5	1.6	7.5	0.8	7.5
At least one act of sexual violence	20.3	6.3	21.4	4.8	20.6
					5.9

Table 4.8. Prevalence of specific acts of sexual violence by husbands/partnered in the past 12 months, and frequency distribution of number of times the acts happened, MARSHALL ISLANDS, 2012

	Urban (N=635)				Rural (N=289)				Total (N=984)			
	Happened in past 12 months (%)	One time (%)	Few (2-5) times (%)	Many times (%)	Happened in past 12 months (%)	One time (%)	Few (2-5) times (%)	Many times (%)	Happened in past 12 months (%)	One time (%)	Few (2-5) times (%)	Many times (%)
Physically forced to have sexual intercourse when she did not want to	5.4	5.6	72.2	22.2	4.7	16.7	66.7	16.7	5.2	7.7	71.2	21.2
Had sexual intercourse she did not want to because she was afraid of what your partner might do	2.8	0.0	67.9	32.1	1.6	25.0	50.0	25.0	2.5	4.0	64.0	32.0
Forced to perform degrading or humiliating sexual act	1.6	0.0	56.3	43.8	0.8	0.0	100.0	0.0	1.4	0.0	64.3	35.7

Table 4.9. Prevalence of emotional partner violence, among ever-partnered women, MARSHALL ISLANDS, 2012

	Lifetime prevalence (%)	12 months prevalence (%)	Number of ever-partnered women (N)
Total (Number)	43.7	21.1	924
Total (%)	47.6	22.1	924
Strata			
Urban	47.5	21.7	635
Rural	47.6	23.3	289
Religion			
United Church of Christ (Protestant)	48.3	24.4	397
Roman Catholic	44.3	18.6	76
Assembly of God (MIST, ENGLISH SERVICE)	44.5	22.5	150
LDS (Mormon)	48.9	26.4	87
Others	48.8	17.1	214
Education of respondent			
Did not attend school/ Elementary	50.0	20.7	229
High School	47.8	23.1	561
College	41.7	20.7	134
Age group of respondent			
15-24	40.6	29.4	139
25-29	47.4	24.3	114
30-34	51.7	25.3	151
35-39	53.0	19.1	137
40-44	40.8	21.6	129
45-49	52.6	19.4	100
50-64	47.9	16.0	154
Current Partnership status			
Currently married/Living With Man, not married/ Dating	48.2	23.4	863
Formerly partnered	38.8	6.0	61
Household assets index			
Least Assets	51.2	25.4	227
Middle Assets	49.3	21.6	331
Most Assets	44.2	20.9	366

Table 4.10. Lifetime and current prevalence of different acts of emotional partner violence, and frequency of these acts in the past 12 months, among ever-partnered women, MARSHALL ISLANDS, 2012

	Among ever-partnered women (N=924)		Frequency distribution of number of times acts happened in past 12 months		
	Ever happened (%)	During past 12 months (%)	One time (%)	Few (2-5) times (%)	Many times (%)
Insulted you or made you feel bad	31.9	13.2	16.8	60.3	22.9
Belittled or humiliated	17.3	7.8	13.9	55.7	30.4
Scared or intimidated you	32.5	14.1	11.3	65.2	23.4
Threatened to hurt you or someone you care about	33.8	14.3	7.7	68.3	23.9

Table 4.1.1.a Prevalence of different controlling behaviours by partners during lifetime, among ever-partnered women, MARSHALL ISLANDS, 2012

Percentage of women reporting that her partner:									
	Keeps her from seeing her friends (%)	Tries to restrict contact with family of birth (%)	Insists on knowing where she is at all times (%)	Gets angry if speak with another man (%)	Often suspicious that she is unfaithful (%)	Needs to ask his permission before seeking health care (%)	Refuse to give her money (%)	At least one type of controlling behavior (%)	
Total (Number)	361	174	644	389	388	437	92	725	
Total (%)	39.0	18.5	70.9	42.4	43.1	47.9	10.1	79.1	
Strata									
Urban	36.0	16.7	69.2	42.8	43.3	48.3	10.5	22.0	
Rural	46.8	23.0	75.4	41.3	42.5	46.8	9.1	18.3	
Religion									
United Church of Christ (Protestant)	40.3	18.4	73.7	45.9	45.7	49.2	11.0	81.9	
Roman Catholic	26.1	18.8	58.6	32.9	41.4	42.9	12.9	74.3	
Assembly of God (MIST, ENGLISH SERVICE)	42.8	16.7	66.4	42.0	38.0	48.6	8.8	73.9	
LDS (Mormon)	40.0	20.9	70.3	42.9	47.8	57.1	4.4	80.0	
Others	36.7	18.6	72.7	38.0	39.2	42.9	10.7	78.0	
Education of respondent									
Did not attend school/ Elementary	44.2	23.0	70.4	46.5	47.3	56.2	14.2	80.3	
High School	38.7	17.8	72.4	42.1	42.8	47.6	9.2	80.3	
College	30.4	13.0	65.2	35.3	36.2	33.0	6.9	70.7	
Age group of respondent									
15-24	36.8	10.4	65.0	42.0	38.5	47.2	9.8	75.5	
25-29	41.7	20.0	71.1	40.4	40.4	45.2	8.8	76.5	
30-34	48.6	26.0	76.2	42.5	47.3	51.0	16.4	85.6	
35-39	35.9	11.5	45.6	48.5	52.3	42.0	9.8	81.7	
40-44	33.6	19.2	70.4	36.0	39.2	51.2	7.2	76.8	
45-49	38.8	23.5	68.4	39.2	46.9	51.0	10.2	78.4	
50-64	36.8	19.6	69.3	46.0	38.4	48.8	8.5	79.1	
Current Partnership status									
Currently married/Living With Man, not married/ Dating	38.1	17.8	71.5	41.8	43.0	47.6	10.0	79.5	
Formerly partnered	50.7	26.9	62.7	49.3	43.3	52.2	11.9	73.5	
Household assets index									
Least Assets	45.4	23.4	75.1	41.5	42.4	48.3	11.7	81.5	
Middle Assets	42.1	17.8	71.5	43.7	44.1	50.7	10.1	79.5	
Most Assets	32.5	16.5	68.3	41.6	42.5	45.0	9.5	77.2	
By experience of partner violence *									
no violence	24.6	6.2	57.6	24.6	23.1	33.8	2.7	67.5	
sexual and/ or physical	52.8	30.4	83.8	59.5	62.3	61.6	17.3	90.2	
By type of violence *									
sexual only	26.9	15.4	88.9	38.5	38.5	57.7	3.8	92.3	
physical only	44.4	21.8	80.7	54.3	56.4	57.1	13.2	87.1	
both sexual and physical	71.2	47.6	87.7	72.0	76.1	69.9	26.4	94.5	

Table 4.1.1.b Prevalence of different controlling behaviours by partners in the past 12 months, among ever-partnered women, MARSHALL ISLANDS, 2012

	Percentage of women reporting that her partner:						
	Tries to restrict contact with family of birth (%)			Insists on knowing where she is at all times (%)		Needs to ask his permission before seeking health care (%)	
	Keeps her from seeing her friends (%)			Gets angry if another man (%)	Often suspicious that she is unfaithful (%)	Refuse to give her money (%)	At least one type of controlling behavior (%)
Total (Number)	198	83	440	250	252	49	511
Total (%)	21.0	9.2	49.0	27.1	28.8	5.1	56.1
Strata							
Urban	20.6	9.1	48.4	29.0	30.5	6.0	44.1
Rural	21.8	9.5	50.4	22.2	24.2	2.8	43.7
Religion							
United Church of Christ (Protestant)	22.2	7.9	49.5	30.3	30.8	5.3	56.3
Roman Catholic	21.7	15.7	52.9	30.0	35.7	10.0	65.7
Assembly of God (MIST, ENGLISH SERVICE)	16.7	6.6	38.0	22.5	21.0	5.8	45.7
LDS (Mormon)	31.9	16.5	56.7	29.7	36.3	3.3	63.3
Others	16.1	8.3	50.2	22.0	24.5	3.9	55.9
Education of respondent							
Did not attend school/ Elementary	19.0	8.4	47.3	27.0	30.1	6.2	55.8
High School	22.3	10.2	50.9	28.5	29.7	5.0	57.9
College	18.3	6.9	42.6	20.7	22.6	3.5	47.8
Age group of respondent							
15-24	30.8	7.6	53.8	34.3	33.6	9.1	62.5
25-29	23.7	10.4	51.8	28.7	27.2	4.4	59.1
30-34	28.1	14.4	53.1	26.7	34.7	6.8	59.9
35-39	12.2	4.5	50.0	33.3	33.6	5.3	57.6
40-44	19.2	8.8	49.2	20.8	23.2	1.6	52.0
45-49	21.4	14.4	51.5	23.5	32.0	5.1	57.7
50-64	11.7	6.7	36.8	22.7	19.0	3.1	45.7
Current Partnership status							
Currently married/Living With Man, not married/ Dating	21.9	9.7	51.9	28.3	30.2	5.4	59.4
Formerly partnered	9.0	3.0	13.4	11.9	11.8	175.0	13.4
Household assets index							
Least Assets	25.4	10.7	51.7	23.9	26.3	5.9	57.1
Middle Assets	20.7	7.8	50.6	29.7	30.8	3.5	59.4
Most Assets	18.7	9.8	46.1	26.6	28.5	6.2	52.3
By experience of partner violence *							
no violence	15.1	5.0	42.7	20.8	21.4	3.3	49.9
sexual and/ or physical	47.0	28.0	77.4	55.7	62.5	13.1	83.9
By type of violence*							
sexual only	26.3	16.7	55.6	22.2	33.3	5.3	57.9
physical only	44.7	25.2	78.3	56.1	62.3	9.6	86.0
both sexual and physical	65.7	42.9	85.7	71.4	77.1	28.6	91.4

Table 4.12. Prevalence of economic abusive acts by partners, as reported by currently partnered women, MARSHALL ISLANDS, 2012

	Taken away what she earned or saved (%)	Refused to give money (%)	At least one or both acts (%)	Number of ever partnered women for whom questions were applicable (N)
Total (Number)	42	87	108	369
Total (%)	11.6	20.7	27.0	369
Strata				
Urban	12.8	21.9	28.0	215
Rural	9.6	18.4	25.2	154
Religion				
United Church of Christ (Protestant)	13.8	22.3	30.9	173
Roman Catholic	12.9	19.4	23.3	37
Assembly of God (MIST, ENGLISH SERVICE)	17.0	18.8	29.9	48
LDS (Mormon)	13.3	24.1	24.1	28
Others	2.4	18.1	19.3	83
Education of respondent				
Did not attend school/ Elementary	12.7	26.5	31.4	101
High School	9.5	16.5	22.5	213
College	18.2	28.9	40.9	55
Age group of respondent				
15-24	18.2	18.2	25.0	32
25-29	15.0	22.5	30.0	39
30-34	4.8	16.1	19.4	57
35-39	6.9	15.8	20.7	59
40-44	15.4	19.2	34.6	59
45-49	14.9	21.3	29.2	47
50-64	11.5	27.6	31.0	76
Current Partnership status				
Currently married/Living With Man, not married/ Dating	11.6	20.6	27.0	369
Formerly partnered	0.0	0.0	0.0	0
Household assets index				
Least Assets	11.5	25.3	31.8	96
Middle Assets	9.9	13.2	16.6	147
Most Assets	13.7	25.9	35.3	126

Table 4.13. Percentage of women who reported they ever initiated violence against partner, and frequency distribution of number of times it happened, among ever-partnered women, MARSHALL ISLANDS, 2012

	Ever initiated violence against partner (%)	Number of ever-partnered women (N)	Frequency distribution of number of times initiated violence			
			One time (%)	Several (2-5) times (%)	Many times (%)	
Total (Number)	172	924	86	58	28	
Total (%)	19.8	924	54.0	30.3	15.7	
Strata						
Urban	23.0	635	55.2	30.5	14.3	
Rural	11.1	289	46.4	32.1	21.4	
Religion						
United Church of Christ (Protestant)	18.6	397	57.7	32.1	10.3	
Roman Catholic	15.7	76	81.8	18.2	0.0	
Assembly of God (MIST, ENGLISH SERVICE)	18.1	150	32.0	44.0	24.0	
LDS (Mormon)	31.1	87	39.3	35.7	25.0	
Others	19.6	214	64.1	17.9	17.9	
Education of respondent						
Did not attend school/ Elementary	16.8	229	60.5	31.6	7.9	
High School	21.8	561	53.2	27.8	19.0	
College	15.7	134	50.0	44.4	5.6	
Age group of respondent						
15-24	20.1	139	55.2	24.1	20.7	
25-29	19.3	114	59.1	27.3	13.6	
30-34	21.8	151	43.8	40.6	15.6	
35-39	28.2	137	43.2	45.9	10.8	
40-44	13.7	129	33.3	38.9	27.8	
45-49	17.5	100	58.8	23.5	17.6	
50-64	17.2	154	85.7	3.6	10.7	
Current Partnership status						
Currently married/Living With Man, not married/ Dating	20.4	863	52.9	31.0	16.1	
Formerly partnered	13.2	61	77.8	11.1	11.1	
Household assets index						
Least Assets	14.1	227	53.6	32.1	14.3	
Middle Assets	23.9	331	49.4	32.5	18.1	
Most Assets	19.2	366	59.7	27.8	12.5	
By experience of physical or sexual partner violence						
No violence	11.7	450	67.9	26.4	5.7	
Physical or sexual violence	27.5	474	48.8	31.8	19.4	
P-value *	0.000					

*P-value for association between initiating violence and experience of partner violence

Table 5.1. Prevalence and frequency* of physical violence by non-partners since the age of 15 (lifetime) and in the past 12 months, among all interviewed women, MARSHALL ISLANDS, 2012

	Lifetime				
	Ever had non-partner physical violence since age 15 (%)	Physical violence by any person 1 time (%)	Physical violence by any person a few (2-5) times (%)	Physical violence by any person many (>5) times (%)	Physical violence with injuries (%)
Total (Number)	311	38	196	77	162
Total (%)	33.3	4.1	21.8	7.4	17.2
Strata					
Urban	31.6	4.8	19.4	7.3	15.8
Rural	38.1	2.0	28.1	7.8	21.0
Religion					
United Church of Christ (Protestant)	33.4	3.1	23.1	7.1	16.0
Roman Catholic	31.0	4.2	19.7	7.0	16.9
Assembly of God (MIST, ENGLISH SERVICE)	31.9	5.6	19.4	6.9	16.8
LDS (Mormon)	38.8	4.1	23.7	10.3	18.6
Others	32.4	4.3	21.0	7.1	19.0
Education of respondent					
Did not attend school/ Elementary	33.8	3.9	22.1	7.8	20.0
High School	33.0	3.7	21.8	7.5	16.8
College	34.2	5.8	22.5	5.8	14.2
Age group of respondent					
15-24	36.3	3.8	23.8	8.8	19.5
25-29	41.2	5.9	27.7	7.6	23.5
30-34	35.6	3.4	24.2	8.1	16.1
35-39	32.3	3.0	23.3	6.0	17.4
40-44	27.2	4.0	16.0	7.2	14.5
45-49	38.8	3.1	24.5	11.2	19.4
50-64	25.0	5.5	15.2	4.8	11.0
Current Partnership status					
Never partnered	26.9	3.8	15.4	7.7	7.7
Currently married/Living With Man, not married/ Dating	33.7	4.3	21.7	7.6	17.6
Formerly partnered	31.3	0.0	26.9	4.5	16.4
Household assets index					
Least Assets	31.7	2.0	22.0	7.8	21.0
Middle Assets	35.5	3.4	23.7	8.4	19.5
Most Assets	32.1	6.0	19.8	6.3	13.3

* If more than one perpetrator was mentioned, the frequency reported in this table is based on the perpetrator with the highest frequency

Table 5.1. (CONT.) Prevalence and frequency* of physical violence by non-partners since the age of 15 (lifetime) and in the past 12 months, among all interviewed women, MARSHALL ISLANDS, 2012

	Past 12 months						Number of women interviewed (N)
	Had non-partner physical violence in past 12 months (%)	Physical violence by any person 1 time (%)	Physical violence by any person a few (2-5) times (%)	Physical violence by any person many (>5) times (%)	Physical injuries (%)		
Total (Number)	29	6	19	4	4		947
Total (%)	3.5	0.9	2.1	0.4	0.3		947
Strata							
Urban	4.6	1.3	2.9	0.6	0.4		654
Rural	0.4	0.0	0.4	0.0	0.0		257
Religion							
United Church of Christ (Protestant)	3.3	1.2	1.9	0.2	0.2		404
Roman Catholic	1.4	0.0	1.4	0.0	0.0		78
Assembly of God (MIST, ENGLISH SERVICE)	4.2	0.0	3.5	0.7	0.0		155
LDS (Mormon)	5.2	3.1	2.1	0.0	0.0		92
Others	3.8	0.0	2.4	1.4	0.5		218
Education of respondent							
Did not attend school/ Elementary	5.6	2.2	3.5	0.0	0.0		232
High School	2.8	0.7	1.7	0.7	0.2		577
College	2.5	0.0	2.5	0.0	0.8		138
Age group of respondent							
15-24	2.5	0.0	2.5	0.0	0.6		153
25-29	5.0	0.8	2.5	2.5	0.8		118
30-34	3.4	0.0	2.7	0.7	0.0		153
35-39	3.8	0.0	3.8	0.0	0.0		138
40-44	4.8	1.6	2.4	0.8	0.0		129
45-49	1.0	0.0	1.0	0.0	0.0		100
50-64	3.7	3.7	0.0	0.0	0.0		156
Current Partnership status							
Never partnered	3.8	3.8	0.0	0.0	3.8		23
Currently married/Living With Man, not married/ Dating	3.4	0.9	2.0	0.5	0.2		863
Formerly partnered	4.5	0.0	4.5	0.0	0.0		61
Household assets index							
Least Assets	1.5	0.0	1.5	0.0	0.0		227
Middle Assets	3.3	0.6	2.0	0.6	0.6		341
Most Assets	4.7	1.6	2.6	0.5	0.0		379

Table 5.2. Percentage of all interviewed women who reported physical violence by non-partners, broken down by number and type of perpetrator (N=947), MARSHALL ISLANDS, 2012

	Physical violence since age 15 years old		Physical violence in the past 12 months	
	Number	%	Number	%
Total	311	33.3	29	3.5
Number of perpetrators				
One perpetrator	187	19.7	20	2.1
More than one perpetrator	129	13.9	13	2.1
Type of perpetrator (grouped)				
Male family member(s)	192	20.3	18	1.9
Female family member(s)	223	23.6	24	2.5
Male other(s)	11	1.1	1	0.2
Female others(s)	21	2.2	1	0.1

Table 5.3. Prevalence of sexual violence by non-partners since the age of 15 (lifetime) and in the past 12 months, among all interviewed women, MARSHALL ISLANDS, 2012

	Lifetime (since age 15)				Past 12 months			
	Forced intercourse (%)	Attempted intercourse or other unwanted sexual acts (%)	Any sexual violence (%)		Forced intercourse (%)	Attempted intercourse or other unwanted sexual acts (%)	Any sexual violence (%)	Number of women interviewed (N)
Total (Number)	94	58	119		5	4	9	947
Total (%)	10.4	6.8	13.0		0.5	0.4	0.8	947
Strata								
Urban	11.2	6.8	13.6		0.6	0.4	1.0	654
Rural	8.2	6.6	11.7		0.0	0.4	0.4	257
Religion								
United Church of Christ (Protestant)	7.8	5.6	10.8		0.7	0.2	0.9	404
Roman Catholic	5.6	4.2	8.5		0.0	1.4	1.4	78
Assembly of God (MIST, ENGLISH SERVICE)	14.0	9.0	16.1		0.0	1.4	1.4	155
LDS (Mormon)	14.4	13.4	18.4		0.0	0.0	0.0	92
Others	12.9	5.7	14.8		0.5	0.0	0.5	218
Education of respondent								
Did not attend school/ Elementary	13.4	8.7	16.9		0.4	0.4	0.9	232
High School	9.9	6.2	12.2		0.5	0.5	0.8	577
College	6.7	5.8	10.0		0.0	0.0	0.0	138
Age group of respondent								
15-24	12.5	6.3	14.4		1.3	0.0	1.3	153
25-29	7.6	8.4	13.4		0.0	0.8	0.8	118
30-34	11.4	10.1	14.7		0.0	0.0	0.0	153
35-39	10.6	3.0	11.4		0.8	0.8	1.5	138
40-44	11.2	8.0	13.7		0.0	0.8	0.8	129
45-49	11.2	8.2	12.4		0.0	0.0	0.0	100
50-64	8.5	4.9	11.0		0.6	0.6	0.6	156
Current Partnership status								
Never partnered	7.7	11.5	19.2		0.0	0.0	0.0	23
Currently married/Living With Man, not married/ Dating	10.3	6.8	12.9		0.5	0.4	0.9	863
Formerly partnered	13.2	4.5	13.2		0.0	0.0	0.0	61
Household assets index								
Least Assets	12.2	6.8	14.6		1.0	0.0	1.0	227
Middle Assets	8.1	7.5	12.0		0.3	0.6	0.8	341
Most Assets	11.5	6.0	13.1		0.3	0.5	0.8	379

Table 5.4. Percentage of all interviewed women who reported sexual violence by non-partners since age 15 and in past 12 months, broken down by frequency, number and type of perpetrator, MARSHALL ISLANDS, 2012

	Lifetime (since age 15)				Past 12 months			
	Forced intercourse		Attempted intercourse or other unwanted sexual acts		Forced intercourse		Attempted intercourse or other unwanted sexual acts	
	Number	%	Number	%	Number	%	Number	%
Total	94	10.4	58	6.8	5	0.5	4	0.4
Frequency*								
Once by any one perpetrator	41	5.0	58	6.8	3	0.3	58	6.8
Few times by any perpetrator	30	3.3	0	0.0	2	0.1	0	0.0
Many times by any perpetrator	23	2.1	0	0.0	0	0.0	0	0.0
Number of perpetrators								
One perpetrator	90	10.1	54	6.1	5	0.5	4	0.4
More than one perpetrator	4	0.3	4	0.7	0	0.0	0	0.0
Type of perpetrator (grouped)								
Male family member(s)	31	3.1	17	1.9	0	0.0	1	0.1
Female family member(s)	6	0.6	6	0.5	1	0.2	0	0.0
Male other(s)	57	6.5	35	4.5	4	0.3	3	0.3
Female others(s)	3	0.5	3	0.4	0	0.0	0	0.0

Table 5.5. Prevalence of child sexual abuse by non-partners, before the age of 15 years, as reported by all interviewed women, MARSHALL ISLANDS, 2012

	Sexual abuse before age 15						Number of women interviewed (N)
	Face to face interview		Card		Interview and/or card		
	Number	%	Number	%	Number	%	
Total (N=947)	24	2.4	95	10.3	101	10.8	947
Strata							
Urban	14	2.2	67	10.6	72	11.2	654
Rural	10	3.1	28	9.3	29	9.7	257
Religion							
United Church of Christ (Protestant)	6	1.4	28	6.6	31	7.3	404
Roman Catholic	1	1.4	6	8.3	6	8.3	78
Assembly of God (MIST, ENGLISH SERVICE)	4	2.8	15	11.9	16	12.6	155
LDS (Mormon)	4	2.1	10	10.3	11	11.2	92
Others	9	4.8	36	17.1	37	17.1	218
Education of respondent							
D did not attend school/ Elementary	8	3.9	30	12.6	32	13.0	232
High School	12	1.8	54	9.7	57	10.1	577
College	4	2.5	11	9.2	12	10.0	138
Age group of respondent							
15-24	2	0.6	20	12.5	20	12.5	153
25-29	6	5.0	19	12.6	21	14.3	118
30-34	6	4.0	16	12.0	17	12.1	153
35-39	1	0.8	13	11.4	13	11.4	138
40-44	5	4.0	5	3.2	8	5.6	129
45-49	3	3.1	6	7.2	6	7.2	100
50-64	1	0.6	16	11.6	16	11.6	156
Current Partnership status							
Never partnered	0	0.0	3	11.5	3	11.5	23
Currently married/Living With Man, not married/ Dating	21	2.5	83	10.1	89	10.7	863
Formerly partnered	3	3.0	9	13.2	9	13.2	61
Household assets index							
Least Assets	9	2.9	30	13.7	32	14.6	227
Middle Assets	5	1.4	29	8.1	29	8.1	341
Most Assets	10	3.1	36	10.4	40	11.5	379

Table 5.6. Percentage of all interviewed women who reported childhood sexual abuse in interview , broken down by frequency, age that it occurred, number and type of perpetrator (N=947), MARSHALL ISLANDS, 2012

	Sexual abuse before age 15 years old	
	Number	%
Total	24	2.40
Age of sexual abuse before age 15		
0-4	0	0.00
5-9	3	0.50
10-14	21	1.90
Frequency of sexual abuse*		
once, twice	14	1.30
few times	4	0.40
many times	6	0.70
Number of perpetrators		
One perpetrator	22	2.10
More than one perpetrator	2	0.30
Type of perpetrator (grouped)		
Male family member(s)	16	1.60
Female family member(s)	4	0.40
Male other(s)	6	0.60
Female other(s)	0	0.00

Table 5.7. Overlap of non-partner and partner violence among all women (N=947), MARSHALL ISLANDS, 2012

	Non-partner violence		Partner violence*		Partner or non-partner violence	
	(%)	(Number)	(%)	(Number)	(%)	(Number)
Physical violence	33.3	311	46.8	445	64.3	611
Sexual violence	13.0	119	20.0	189	28.5	268
Physical and/or sexual violence	40.0	372	49.6	474	68.2	649

* The prevalence rates for partner violence are slightly lower here compared to the tables in chapter 4 because all women and not all partnered women are taken as denominator.

Table 5.8a. Age of first sexual intercourse, as reported by all interviewed women, MARSHALL ISLANDS, 2012

	Not had sex (%)	<15 (%)	15-17 (%)	18-21 (%)	22+ (%)	Refused/ no answer (%)	Number of women interviewed
Total (Number)	12	80	332	420	94	9	947
Total (%)	1.27	7.60	35.80	44.40	10.06	0.80	947
Strata							
Urban	1.60	6.10	35.17	46.08	10.17	0.87	654
Rural	0.39	11.33	37.89	40.23	9.77	0.39	257
Religion							
United Church of Christ (Protestant)	0.47	7.98	34.04	46.48	10.33	0.70	404
Roman Catholic	2.86	8.57	34.29	37.14	17.14	0.00	78
Assembly of God (MIST, ENGLISH SERVICE)	0.70	7.69	40.56	39.86	11.19	0.00	155
LDS (Mormon)	4.17	4.17	30.21	51.04	9.38	1.04	92
Others	1.42	8.06	38.86	43.13	7.11	1.42	218
Education of respondent							
Did not attend school/ Elementary	0.43	9.96	42.86	34.63	11.26	0.87	232
High School	1.68	7.20	34.51	46.23	9.55	0.84	577
College	0.84	5.04	28.57	53.78	10.92	0.84	138
Age group of respondent							
15-24	6.83	6.21	39.75	43.48	3.11	0.62	153
25-29	0.84	7.56	36.13	43.70	11.76	0.00	118
30-34	0.00	8.00	34.00	49.33	8.67	0.00	153
35-39	0.00	9.77	33.08	44.36	11.28	1.50	138
40-44	0.00	5.60	32.00	52.80	9.60	0.00	129
45-49	0.00	9.18	41.84	37.76	11.22	0.00	100
50-64	0.61	7.93	34.76	38.41	15.85	2.44	156
Current Partnership status							
Never partnered	40.74	0.00	18.52	29.63	11.11	0.00	23
Currently married/Living With Man, not married/ Dating	0.00	7.61	37.94	44.61	9.13	0.70	863
Formerly partnered	2.94	10.29	16.18	45.59	22.06	2.94	61
Household assets index							
Least Assets	0.00	10.24	39.02	41.95	7.80	0.98	227
Middle Assets	1.12	6.98	33.52	45.81	12.57	0.00	341
Most Assets	2.09	6.79	36.29	44.65	8.88	1.31	379

Table 5.8b. Age of first sexual intercourse, as reported by interviewed women who reported to ever had sex, MARSHALL ISLANDS, 2012

	<15 (%)	15-17 (%)	18-21 (%)	22+ (%)	Number of interviewed women who ever had sex
Total (Number)					926
Total (%)	80	33.2	42.0	94	926
	7.8	36.6	45.4	10.3	
Strata					
Urban	6.3	36.1	47.2	10.4	637
Rural	11.4	38.2	40.6	9.8	289
Religion					
United Church of Christ (Protestant)	8.1	34.4	47.0	10.5	398
Roman Catholic	8.8	35.3	38.2	17.6	75
Assembly of God (MIST, ENGLISH SERVICE)	7.7	40.8	40.1	11.3	154
LDS (Mormon)	4.4	31.9	53.8	9.9	86
Others	8.3	40.0	44.4	7.3	213
Education of respondent					
Did not attend school/ Elementary	10.1	43.4	35.1	11.4	230
High School	7.4	35.4	47.4	9.8	561
College	5.1	29.1	54.7	11.1	135
Age group of respondent					
15-24	6.7	43.0	47.0	3.4	124
25-29	7.6	36.4	44.1	11.9	116
30-34	8.0	34.0	49.3	8.7	152
35-39	9.9	33.6	45.0	11.5	135
40-44	5.6	32.0	52.8	9.6	129
45-49	9.2	41.8	37.8	11.2	100
50-64	8.2	35.8	39.6	16.4	152
Current Partnership status					
Never partnered	0.0	31.3	50.0	18.8	13
Currently married/Living With Man, not married/ Dating	7.7	38.2	44.9	9.2	857
Formerly partnered	10.9	17.2	48.4	23.4	56
Household assets index					
Least Assets	10.3	39.4	42.4	7.9	223
Middle Assets	7.1	33.9	46.3	12.7	337
Most Assets	7.0	37.6	46.2	9.2	366

Table 5.9a. Nature of first sexual experience, among women who ever had sex, MARSHALL ISLANDS, 2012

	Wanted to have sex (%)	Did not want but had sex (%)	Forced to have sex (%)	Number of interviewed women who ever had sex
Total (Number)	590	200	123	926
Total (%)	62.3	21.8	14.6	926
Strata				
Urban	64.1	21.4	13.1	637
Rural	57.0	22.7	18.8	289
Religion				
United Church of Christ (Protestant)	64.9	21.7	12.4	398
Roman Catholic	60.9	24.6	13.0	75
Assembly of God (MIST, ENGLISH SERVICE)	51.7	29.4	16.8	154
LDS (Mormon)	60.4	15.4	20.9	86
Others	65.9	18.5	15.1	213
Education of respondent				
Did not attend school/ Elementary	59.6	23.7	14.9	230
High School	60.1	22.2	16.5	561
College	77.8	16.2	4.3	135
Age group of respondent				
15-24	51.0	34.2	13.4	124
25-29	65.0	22.2	10.3	116
30-34	53.3	30.0	16.0	152
35-39	58.0	16.0	24.4	135
40-44	62.1	19.4	17.7	129
45-49	76.5	14.3	7.1	100
50-64	73.6	13.2	11.3	152
Current Partnership status				
Never partnered	43.8	43.8	12.5	13
Currently married/Living With Man, not married/ Dating	62.5	21.0	15.0	857
Formerly partnered	62.5	26.6	10.9	56
Household assets index				
Least Assets	55.7	21.2	20.7	223
Middle Assets	63.4	20.8	15.2	337
Most Assets	64.8	23.0	10.6	366

Table 5.9b. Nature of first sexual intercourse by age of first sexual intercourse, among women who ever had sex, MARSHALL ISLANDS, 2012

Age of first sexual intercourse	Wanted to have sex (%)	Did not want but had sex (%)	Forced to have sex (%)	Number of women interviewed
Total (Number)	590	200	123	926
Total (%)	62.3	21.8	14.6	926
<15	50.0	22.5	26.3	80
15-17	65.4	21.4	13.0	332
18-21	63.8	21.7	12.4	420
22+	69.1	21.3	7.4	94

Table 6.1.1. Gender attitudes. Proportion of interviewed women who said they agree with specific statements presented to them, MARSHALL ISLANDS, 2012

Percentage of women who agreed with			
	"A good wife obeys her husband even if she disagrees" (%)	"A man should show he is the boss" (%)	"Wife is obliged to have sex with husband" (%)
Total (N=946*)	48.1	49.2	39.4
Strata			
Urban	49.2	48.1	39.5
Rural	45.1	52.5	39.1
Religion			
United Church of Christ (Protestant)	48.6	50.2	42.3
Roman Catholic	35.2	42.3	31.0
Assembly of God (MIST, ENGLISH SERVICE)	53.1	49.3	37.1
LDS (Mormon)	53.6	45.9	35.7
Others	45.7	51.4	39.5
Education of respondent			
Did not attend school/ Elementary	55.4	53.2	45.0
High School	47.9	51.0	36.5
College	35.3	33.6	28.0
Age group of respondent			
15-24	43.1	42.5	25.6
25-29	37.0	34.5	33.6
30-34	41.6	50.3	36.2
35-39	50.0	45.5	38.3
40-44	57.6	52.8	42.4
45-49	53.1	66.0	52.0
50-64	54.6	56.7	50.9
Current Partnership status			
Never partnered	53.8	30.8	19.2
Currently married/Living With Man, not married/ Dating	48.6	50.5	40.4
Formerly partnered	40.9	40.9	35.8
Household assets Index			
Least Assets	42.9	50.2	34.0
Middle Assets	46.2	49.7	41.1
Most Assets	52.5	48.4	40.9
According to experience of violence (N=923**)			
All ever-partnered women			
No partner violence	46.3	43.5	46.9
Physical or sexual partner violence	49.5	36.7	52.7
P-value	0.599	0.036	0.109

* 1 woman did not reply to the attitude questions and have been omitted from the analysis

** The two N's in this table are different because the attitude questions were asked from all women, while the association with partner violence is tested for ever-partnered women only

Table 6.2. Attitudes around physical partner violence. Proportion of interviewed women who said they agree that a man has good reason to hit his wife for reasons stated below, MARSHALL ISLANDS, 2012

	Percentage of women who agree that a man has a good reason to hit his wife if:						Percentage of women who agree with:	
	"Reason to hit: not complete housework" (%)	"Reason to hit: hit wife disobeys him" (%)	"Reason to hit: wife refuses sex" (%)	"Reason to hit: hit wife asks about girl friends" (%)	"Reason to hit: husband suspects wife unfaithful" (%)	"Reason to hit: husband finds out wife unfaithful" (%)	One or more reasons (%)	None of the reasons mentioned (%)
Total (N=947*)	65.0	70.7	38.0	43.1	50.1	74.5	84.8	15.2
Sirata								
Urban	64.2	69.5	37.0	41.2	48.8	73.6	84.6	15.4
Rural	66.9	73.6	40.9	48.2	53.5	77.0	85.3	14.8
Religion								
United Church of Christ (Protestant)	67.3	70.6	38.6	44.5	55.1	77.4	85.6	14.4
Roman Catholic	45.1	54.9	27.1	31.0	45.1	54.9	74.6	25.4
Assembly of God (MIST, ENGLISH SERVICE)	64.3	73.4	46.9	44.4	49.7	72.2	83.2	16.8
LDS (Mormon)	64.9	71.4	30.6	45.4	46.9	73.2	84.5	15.5
Others	67.6	73.5	37.4	42.4	42.9	77.1	88.1	11.9
Education of respondent								
Did not attend school/ Elementary	73.2	73.9	45.5	51.5	56.1	74.0	87.8	12.2
High School	66.8	73.5	39.7	43.9	51.6	78.2	87.1	12.9
College	40.3	49.6	15.0	22.7	31.1	55.8	67.5	32.5
Age group of respondent								
15-24	54.4	66.3	21.9	30.0	36.3	67.7	82.5	17.5
25-29	58.0	62.2	34.5	40.3	46.2	70.6	79.0	21.0
30-34	73.2	75.8	43.6	45.0	54.4	75.8	84.6	15.4
35-39	67.4	71.4	39.4	49.2	54.9	82.6	88.9	11.4
40-44	72.6	75.2	48.0	48.4	56.8	77.6	90.4	9.6
45-49	69.4	73.5	37.8	40.8	48.5	72.4	85.7	14.3
50-64	62.8	70.3	42.7	45.8	54.3	74.4	83.5	16.5
Current Partnership status								
Never partnered	46.2	57.7	34.6	38.5	30.8	61.5	73.1	26.9
Currently married/Living With Man, not married/ Dating	65.6	70.5	38.0	43.0	50.8	74.7	85.0	15.0
Formerly partnered	64.2	77.9	38.2	46.3	47.8	76.1	86.8	13.2
Household assets index								
Least Assets	68.4	77.6	41.5	50.7	54.4	78.0	87.4	12.6
Middle Assets	65.6	67.7	37.6	43.3	52.1	76.6	86.1	13.9
Most Assets	62.4	69.5	36.5	38.9	45.7	70.3	82.2	17.8

According to experience of violence (N=924)**

All ever-partnered women

No partner violence	58.2	63.8	34.1	41.8	46.8	71.5	82.1	17.9
Physical or sexual partner violence	72.3	77.9	41.8	44.7	54.2	77.9	88.1	11.9
P-value	0.000	0.000	0.027	0.526	0.082	0.031	0.011	

Table 6.3. Attitudes around sexual partner violence. Proportion of interviewed women who said they agree that a married woman can refuse to have sex with her husband for reasons stated below¹, MARSHALL ISLANDS, 2012

	Percentage of women who agreed with				Percentage of women who agree with:		
	"A married woman can refuse sex if she doesn't want to" (%)	"A married woman can refuse sex if her husband is drunk" (%)	"A married woman can refuse sex if she is sick" (%)	"A married woman can refuse sex if her husband mistreats her" (%)	One or more of the reasons mentioned (%)	None of the reasons mentioned (%)	
Total (N=947)	57.0	72.7	81.5	79.4	89.6	10.4	
Strata							
Urban	58.1	71.3	80.6	77.5	84.9	10.6	
Rural	54.3	76.6	84.4	84.1	90.3	9.7	
Religion							
United Church of Christ (Protestant)	54.1	72.9	81.9	79.5	88.5	11.5	
Roman Catholic	62.0	78.9	78.9	78.6	90.1	9.9	
Assembly of God (MIST, ENGLISH SERVICE)	58.7	62.9	76.4	77.6	86.7	13.3	
LDS (Mormon)	64.3	72.4	78.6	74.2	91.8	8.2	
Others	56.2	76.8	86.2	83.3	93.3	6.7	
Education of respondent							
Did not attend school/ Elementary	59.7	74.9	83.1	84.0	89.6	10.4	
High School	55.9	72.0	81.4	78.7	89.6	10.4	
College	56.7	71.7	78.3	74.2	90.0	10.0	
Age group of respondent							
15-24	50.9	66.3	76.3	75.0	87.5	12.5	
25-29	61.3	73.9	84.2	76.5	90.8	9.2	
30-34	62.7	73.8	82.6	83.3	90.6	9.4	
35-39	68.2	83.5	85.0	84.1	94.7	5.3	
40-44	50.4	66.4	76.0	74.2	88.7	11.3	
45-49	51.0	61.2	77.6	80.4	85.7	14.3	
50-64	54.3	79.8	86.7	81.7	89.1	10.9	
Current Partnership status							
Never partnered	44.0	69.2	88.5	69.2	88.5	11.5	
Currently married/Living With Man, not married/ Dating	57.9	73.0	81.4	79.3	89.6	10.4	
Formerly partnered	50.7	70.1	82.4	85.1	91.0	9.0	
Household assets index							
Least Assets	62.4	76.2	83.0	81.6	89.3	10.7	
Middle Assets	55.4	71.8	82.2	80.8	91.4	8.6	
Most Assets	55.6	71.5	80.2	76.8	88.3	11.7	

According to experience of violence (N=924**)
All ever-partnered women

No partner violence	53.3	67.0	76.2	74.8	85.4	14.6
Physical or sexual partner violence	61.2	78.3	86.2	84.3	93.8	6.2
P-value***	0.037	0.000	0.001	0.002	0.000	

Table 6.4. Situations leading to violence as reported by women who ever experienced physical partner violence (N=445), MARSHALL ISLANDS, 2012

	No particular reason (%)	Partner drunk (%)	Money problem (%)	Problem with work (%)	Unemployed (%)	No food at home (%)	Family problem (%)	She is pregnant (%)	Jealousy (%)	Refuses sex (%)	Disciplined (%)	Educate or discipline (%)	Show he is boss (%)	Other problems (%)
Total	17.2	37.1	2.1	2.1	0.1	1.1	3.8	1.3	46.7	6.3	14.6	11.9	4.1	4.2
Strata														
Urban	18.0	40.7	1.9	2.8	0.0	0.9	3.5	0.3	44.2	5.7	15.1	6.3	3.1	5.0
Rural	15.2	28.6	2.4	0.8	0.8	1.6	4.8	4.0	53.2	7.9	13.5	26.2	6.4	1.6
Religion														
United Church of Christ (Protestant)	19.2	35.0	1.5	3.0	0.0	0.5	4.1	0.0	45.2	8.1	13.6	11.6	3.0	2.5
Roman Catholic	21.2	13.0	0.0	9.1	0.0	0.0	0.0	0.0	33.3	9.1	12.1	6.1	0.0	9.1
Assembly of God (MIST, ENGLISH SERVICE)	14.3	41.3	3.2	0.0	0.0	1.6	4.8	3.2	50.8	9.5	12.7	15.6	4.8	3.2
LDS (Mormon)	18.8	32.7	2.0	0.0	0.0	0.0	0.0	0.0	46.9	0.0	16.3	8.2	4.1	2.0
Others	13.0	40.0	3.0	1.0	1.0	2.0	4.0	4.0	52.0	4.0	17.8	14.9	7.0	6.9
Education of respondent														
Did not attend school/ Elementary	17.5	38.6	1.6	7.1	0.0	1.6	3.2	0.0	51.2	7.1	13.4	13.4	7.9	1.6
High School	16.4	37.8	2.6	0.4	0.4	1.1	3.7	2.2	43.7	6.7	15.7	11.2	2.6	4.9
College	20.4	30.6	2.0	0.0	0.0	0.0	6.1	0.0	51.0	2.0	12.0	12.2	4.1	6.1
Age group of respondent														
15-24	30.9	24.1	1.8	0.0	0.0	0.0	1.8	0.0	25.5	1.8	14.8	16.7	0.0	1.8
25-29	20.8	35.8	1.9	0.0	0.0	0.0	5.7	0.0	45.3	9.4	11.3	13.2	1.9	5.7
30-34	25.0	36.3	6.3	3.8	0.0	0.0	10.0	6.3	47.5	8.8	8.8	7.5	2.5	5.0
35-39	13.2	33.8	1.5	1.5	1.5	1.5	1.5	1.5	60.3	13.2	19.1	19.1	5.9	11.8
40-44	7.5	37.7	0.0	0.0	0.0	3.7	1.9	0.0	47.2	9.4	22.6	13.2	7.4	3.7
45-49	16.4	50.9	1.8	5.4	0.0	3.6	3.6	0.0	49.4	0.0	18.2	9.1	5.5	1.8
50-64	9.0	40.5	0.0	3.8	0.0	0.0	1.3	0.0	47.0	1.3	10.1	6.3	6.3	1.3
Current Partnership status														
Never partnered	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0
Currently married/Living With Man, not married/ Dating	17.5	38.4	2.2	2.2	0.2	1.2	3.6	1.0	45.8	6.3	14.1	12.0	4.3	4.1
Formerly partnered	14.8	18.5	0.0	0.0	0.0	0.0	7.4	7.4	59.3	7.4	19.2	11.5	0.0	3.8
Household assets index														
Least Assets	18.3	25.2	2.6	0.9	0.9	0.9	3.5	5.2	48.3	6.1	15.5	22.4	7.8	3.5
Middle Assets	19.0	43.7	1.3	3.1	0.0	1.9	5.0	0.0	43.0	6.3	13.2	8.8	3.1	5.1
Most Assets	14.7	39.4	2.4	2.4	0.0	0.6	3.0	0.0	49.1	6.5	15.4	7.7	2.4	3.6

Table 7.1. Percentage of women reporting injuries as a result of physical or sexual partner violence, MARSHALL ISLANDS, 2012

	Ever injured (%)	Number of women reporting partner violence (N)
Total	21.3	474
Strata		
Urban	20.4	316
Rural	23.7	158
Religion		
United Church of Christ (Protestant)	18.1	205
Roman Catholic	17.1	36
Assembly of God (MIST, ENGLISH SERVICE)	25.8	75
LDS (Mormon)	17.6	48
Others	28.2	110
Education of respondent		
Did not attend school/ Elementary	23.4	133
High School	19.9	280
College	22.0	61
Age group of respondent		
15-24	12.9	61
25-29	22.8	56
30-34	28.6	85
35-39	15.7	77
40-44	25.5	59
45-49	29.1	56
50-64	16.7	80
Current Partnership status		
Currently married/Living With Man, not married/ Dating	21.2	445
Formerly partnered	24.1	29
Household assets index		
Least Assets	19.3	134
Middle Assets	20.5	170
Most Assets	23.5	170
By type of partner violence		
Sexual only	0.0	29
Physical only	13.2	285
Physical and sexual	38.7	160
Physical or sexual	21.3	474

Table 7.2. Prevalence, frequency and type of injuries and health service use for women who were injured due to physical or sexual partner violence, MARSHALL ISLANDS, 2012

a. Prevalence, frequency, use of services		
	n	%
Injuries among women reporting partner violence (N=474)		
Ever injured due to partner violence	474	
Injured in the past 12 months	106	21.3
Ever lost consciousness	22	3.8
Lost consciousness in past 12 months	64	12.3
Ever hurt enough to need health care	12	2.2
	50	10.3
Frequency injured among ever injured (N=106)		
Once	26	22.2
2 - 5 times	34	30.9
More than 5 times	45	46.1
Among women hurt enough to need health care (N=50)		
Proportion needed health care in the past 12m	7	8.9
Proportion ever received health care for injuries	18	32.9
Among women who received health care for injuries (N=18)		
Proportion who spent at least 1 night in hospital due to injury	8	46.3
Proportion who told health worker about real cause of injury	12	67.9
b. Type of injury		
	n	%
Type of injury among ever injured (N=106)		
Cuts, puncture, bites	49	46.7
Scratch, abrasion and bruises	75	72.3
Sprains, dislocations	22	23.7
Burns	19	18.9
Penetrating injuries, deep cuts	18	14.1
Broken ear drum, eye injuries	36	34.0
Fractures, broken bones	15	13.9
Broken teeth	16	18.0
Internal injuries	9	8.2
Other	7	6.7

Table 2.3. Self-reported impact of violence on women's health and well-being, among women who reported physical or sexual partner violence, MARSHALL ISLANDS, 2012

Self reported impact on health (N=474)		No effect (%)	A little (%)	A lot (%)
Total		33.9	30.7	35.1
Strata				
Urban		34.6	30.5	34.6
Rural		32.1	31.3	35.9
Religion				
United Church of Christ (Protestant)		33.8	36.7	29.5
Roman Catholic		52.9	23.5	23.5
Assembly of God (MIST, ENGLISH SERVICE)		33.8	23.1	43.1
LDS (Mormon)		28.0	28.0	42.0
Others		30.0	27.3	41.8
Education of respondent				
Did not attend school/ Elementary		29.7	31.3	39.1
High School		35.7	30.2	33.3
College		34.0	32.0	34.0
Age group of respondent				
15-24		47.5	27.9	24.6
25-29		32.8	29.3	37.9
30-34		27.1	29.4	42.4
35-39		31.9	31.9	36.2
40-44		30.4	25.0	44.6
45-49		40.0	36.4	23.6
50-64		31.8	34.1	32.9
Current Partnership status				
Currently married/Living With Man, not married/ Dating		33.7	31.2	34.6
Formerly partnered		34.5	24.1	41.4
Household assets index				
Least Assets		34.7	33.9	31.4
Middle Assets		40.4	25.1	33.3
Most Assets		26.7	34.4	38.9

Table 7.4.a. Self-reported impact of violence on women's work, among women who reported physical or sexual partner violence, MARSHALL ISLANDS, 2012

Self-reported impact on work (N=474)	Unable to concentrate (%)	Unable to work/sick leave (%)	Partner disrupted work (%)	Lost confidence in own ability (%)	Other (%)	Work not disrupted (%)	Not applicable (not working for money) (%)
Total	6.70	0.90	8.30	0.70	0.80	19.10	66.60
Strata							
Urban	5.3	0.9	10.0	0.9	1.2	19.2	64.9
Rural	10.7	0.8	3.8	0.0	0.0	18.5	71.0
Religion							
United Church of Christ (Protestant)	7.1	0.0	7.1	1.0	1.9	24.8	60.8
Roman Catholic	11.8	2.9	11.8	0.0	0.0	11.4	71.4
Assembly of God (MIST, ENGLISH SERVICE)	10.8	0.0	10.8	0.0	0.0	13.8	67.7
LDS (Mormon)	9.8	2.0	9.8	0.0	0.0	11.8	76.0
Others	7.3	2.7	7.3	0.9	0.0	17.4	70.9
Education of respondent							
Did not attend school/ Elementary	4.7	0.0	4.7	0.8	0.0	21.9	70.3
High School	8.2	1.0	9.6	0.7	1.0	17.9	65.1
College	2.0	2.0	8.0	0.0	2.0	20.0	66.0
Age group of respondent							
15-24	4.8	0.0	1.6	0.0	1.6	11.3	80.6
25-29	8.6	0.0	7.0	0.0	0.0	19.0	68.4
30-34	7.1	2.4	17.9	1.2	3.5	21.2	61.9
35-39	4.3	1.4	7.1	0.0	0.0	20.0	68.6
40-44	8.9	0.0	5.4	1.8	0.0	14.3	69.1
45-49	1.8	0.0	10.7	0.0	0.0	20.0	67.9
50-64	11.8	1.2	6.0	1.2	0.0	24.7	55.3
Current Partnership status							
Currently married/Living With Man, not married/ Dating	6.8	0.9	8.4	0.7	0.9	19.1	66.4
Formerly partnered	6.7	0.0	6.7	0.0	0.0	17.2	72.4
Household assets index							
Least Assets	10.2	0.8	4.2	0.0	0.8	20.2	69.5
Middle Assets	4.1	0.6	11.7	0.0	1.8	19.3	63.7
Most Assets	7.2	1.7	7.8	1.7	0.0	18.3	67.6

Table 7.4.b. Self-reported nature of impact of violence on women's work, among women who worked for money and who reported physical or sexual partner violence, MARSHALL ISLANDS, 2012

Self-reported impact on work (N=171)	Unable to concentrate (%)	Unable to work/sick leave (%)	Partner disrupted work (%)	Lost confidence in own ability (%)	Other (%)	Work not disrupted (%)
Total	19.2	2.3	24.8	2.0	2.5	54.5
Strata						
Urban	14.3	2.5	28.6	2.5	3.4	54.6
Rural	34.2	2.6	13.2	0.0	0.0	52.6
Religion						
United Church of Christ (Protestant)	17.1	0.0	18.3	2.4	4.9	61.4
Roman Catholic	10.0	10.0	44.4	0.0	0.0	40.0
Assembly of God (MIST, ENGLISH SERVICE)	23.8	0.0	33.3	0.0	0.0	42.9
LDS (Mormon)	8.3	8.3	41.7	0.0	0.0	41.7
Others	25.8	6.3	25.8	3.1	0.0	51.6
Education of respondent						
Did not attend school/ Elementary	15.8	0.0	15.8	2.6	0.0	71.1
High School	22.5	2.9	27.7	2.0	2.9	48.0
College	6.3	5.9	23.5	0.0	5.9	58.8
Age group of respondent						
15-24	25.0	0.0	8.3	0.0	8.3	63.6
25-29	22.2	0.0	22.2	0.0	0.0	57.9
30-34	18.8	6.3	46.9	3.1	9.4	46.9
35-39	9.1	0.0	22.7	0.0	0.0	63.6
40-44	27.8	0.0	16.7	5.9	0.0	44.4
45-49	5.9	0.0	33.3	0.0	0.0	61.1
50-64	26.3	2.7	13.5	2.6	0.0	52.6
Current Partnership status						
Currently married/Living With Man, not married/ Dating	19.6	2.7	25.0	2.0	2.7	54.1
Formerly partnered	22.2	0.0	22.2	0.0	0.0	62.5
Household assets index						
Least Assets	30.6	0.0	13.5	0.0	2.8	52.8
Middle Assets	11.3	1.6	32.3	0.0	4.8	54.1
Most Assets	20.3	5.1	24.1	5.1	0.0	55.9

Table 7.5.b. Mental health problems reported among ever-partnered women, according to women's experience of emotional partner violence, MARSHALL ISLANDS, 2012

	Women who did <u>not</u> report physical or sexual partner violence			Women who reported physical or sexual partner violence					
	No Violence* (N=361) %	Emotional violence alone (N=89) %	P-value	Ever-partnered women without phys/sex violence (N= 450) %	Physical or sexual violence without emotional abuse (N= 126) %	Physical or sexual violence with emotional abuse (N=348) %	P-value	Ever-partnered women with phys/sex violence (N= 474) %	Total ever-partnered women (N= 924) %
Emotional distress in past 4 weeks as measured by SRQ**									
0-5	65.3	49.5	.000	62.1	49.6	38.2	.170	41.2	51.5
6-10	24.2	22.0		23.7	25.2	32.8		30.8	27.3
11-15	9.4	25.3		12.6	19.5	22.1		21.4	17.1
16-20	1.1	3.3		1.6	5.7	6.9		6.5	4.1
Mean SRQ score***	4.7	6.7		5.1	6.5	7.5		7.2	6.2
Median SRQ score***	4.0	6.0		4.0	6.0	7.0		7.0	5.0
Ever thought about suicide	3.9	4.4	.822	4.0	3.3	10.4	.016	8.5	6.3
Ever attempted suicide	2.8	4.4	.427	3.1	2.4	7.8	.037	6.4	4.7

* For the purpose of this table the women with 'no violence' did not experience any physical, sexual or psychological violence, hence the N is different compared to table 7.5.a.

** SRQ-20 is a set of 20 questions in a self-reported questionnaire that make up a WHO screening tool for emotional distress, more points indicating more probability for depression

*** Note that this is not a percentage but an average score for each of the subgroups

Table 7.6. Use of health services and medication among ever-partnered women, according to their experience of physical and/or sexual partner violence, MARSHALL ISLANDS, 2012

	No Violence (%)	Physical/sexual violence (%)	P-value	All respondents (%)
Use of services and medicines in the past 4 weeks (N=924)				
Consulted a doctor or health worker	35.8	30.7	.098	33.2
Took medicine to sleep	11.3	12.2	.682	11.7
Took medicine for pain	51.3	56.3	.131	53.9
Took medicine for sadness/depression	4.2	3.2	.419	3.7
Use of services in the past 12 months (N=924)				
Had an operation (other than caesarean section)	3.5	7.7	.025	5.6
Spent at least one night in a hospital	11.3	13.8	.244	12.6

Table 7.7. Reproductive health outcomes reported by women, according to their experience of physical and/or sexual partner violence, MARSHALL ISLANDS, 2012

a. According to experience of partner violence				
	No violence (%)	Physical/sexual violence (%)	P-value*	All respondents (%)
Pregnancy rate among ever-partnered women (N=924)				
Ever pregnant	88.7	94.7	.001	91.8
Circumstances of most recent pregnancy for women who delivered in last 5 yrs (N=347)				
Pregnancy unwanted or wanted later	45.1	47.3	.684	46.3
Reproductive health among those ever pregnant (N=854)				
Ever had miscarriage	17.7	21.3	.183	19.6
Ever had stillbirth	11.0	10.3	.765	10.6
Ever had abortion	0.7	0.7	.898	0.7
b. According to experience of violence in pregnancy				
	No violence in pregnancy (%)	Violence in pregnancy (%)	P-value*	All respondents (%)
Reproductive health among those ever pregnant (N=854)				
Ever had miscarriage	18.3	31.4	.006	19.6
Ever had stillbirth	10.1	15.3	.141	10.7
Ever had abortion	0.5	1.2	.416	0.6

* Fisher exact two tailed P value for the difference between women who experienced violence and who did not experience physical and/or sexual partner violence

Table 7.8. Factors related to last pregnancy, among women with live birth in the past 5 years, according to the women's experience of physical and/or sexual partner violence, MARSHALL ISLANDS, 2012

	No Violence (N=161) (%)	With physical or sexual partner violence (N=186) (%)	P-value*	All women (N= 347) (%)
Respondent did not want this pregnancy then (unwanted or mistimed pregnancy)	45.1	47.3	.684	46.3
Partner did not want this pregnancy then	18.3	20.4	.680	19.5
Partner wanted a son	65.4	61.8	.571	63.4
Respondent used alcohol during pregnancy	4.6	10.2	.065	7.7
Respondent smoked during this pregnancy	9.8	25.3	.000	18.3
Postnatal check-up not done	9.2	9.1	1.000	9.1

* Fisher exact two tailed P value for the difference between women who experienced violence and who did not experience physical and/or sexual partner violence

Table 7.9. Use of contraception reported by women, according to their experience of physical and/or sexual partner violence, MARSHALL ISLANDS, 2012

	No Violence (%)	Physical/sexual violence (%)	P-value*	All respondents (%)
Among all ever-partnered women who ever had sex (N=913)				
Ever using a method to prevent/delay pregnancy	47.9	53.9	.074	50.9
Currently using a method to prevent/delay pregnancy	16.6	21.1	.090	18.9
Partner has ever refused/stopped contraception	13.0	13.8	.771	13.4
Ever used a condom with current or most recent partner	26.6	34.6	.010	30.7
Ever asked current or most recent partner to use condom	23.9	28.4	.132	26.2
Current or most recent partner ever refused to use condom	10.1	15.5	.017	12.8
Among women currently using contraception (N=163)				
Current partner knows she is using contraception	66.2	64.3	.872	65.1
Among women who ever used a condom with current/most recent partner (N=276)				
Used a condom during last time they had sex	31.7	24.8	.227	27.8

* Fisher exact two tailed P value for the difference between women who experienced violence and who did not experience physical and/or sexual partner violence

Table 8.1. Children's well-being as reported by women with children 5-12 years old, according to the women's experience of physical and/or sexual partner violence, MARSHALL ISLANDS, 2012

<i>Proportion of women reporting that at least one of her children (aged 5-12 years) had the following:</i>	No Violence (N=196) (%)	With physical or sexual partner violence (N=231) (%)	P-value*	All women (N=427) (%)
Nightmares	28.2	31.7	.451	30.1
Bedwetting	20.7	22.3	.719	21.6
Child quiet / withdrawn	19.1	26.8	.078	23.3
Child aggressive	28.2	29.4	.827	28.9
Two or more of above problems	29.3	35.5	.204	32.6
Child has failed / had to repeat a year at school	14.4	12.2	.559	13.2
Child has stopped school / dropped out of school	10.7	7.3	.293	8.8

* Fisher exact two tailed P value for the difference between women who experienced violence and who did not experience physical and/or sexual partner violence

Table 3.2. Children witnessing the violence, according to women who ever experienced physical partner violence, MARSHALL ISLANDS, 2012

	By urban/rural area		
	Urban (N=293) (%)	Rural (N=152) (%)	Total (N=455) (%)
Never	63.5	63.5	63.5
Once or twice	6.9	7.1	7.0
Several times	15.4	17.5	16.0
Many times	6.3	7.1	6.5
Don't know, refuse	7.9	4.8	7.0

Table 8.3. Percentage of respondents reporting violence against her mother, against her partner's mother or against her partner when he was a child, among ever-partnered women (N=924), according to women's experience of partner violence, MARSHALL ISLANDS, 2012

	Proportion of women who reported that...			
	Her mother was hit by mother's husband (%)	P-value	Partner's mother was hit by mother's husband (%)	Partner was hit as a child (%)
According to all ever-partnered women	29.4		17.8	20.6
According to experience of partner violence				
Not experienced any partner violence	22.1	.000	11.7	17.5
Ever experienced physical or sexual violence	36.4		23.7	23.7
According to type of partner violence				
No violence	22.1	.000	11.7	17.5
Sexual only	33.3		27.0	19.2
Physical only	30.8		18.9	18.6
Both sexual and physical	46.3		31.2	32.5
According to severity of physical partner violence				
No physical violence	22.6	.000	12.6	17.6
Moderate physical violence	31.1		13.1	16.8
Severe physical violence	38.3		26.8	73.8

Table 9.1. Percentage of women who had told others, and persons to whom they told about the violence, among women experiencing physical or sexual partner violence (N=474), MARSHALL ISLANDS, 2012

People told*	number	%
No one	251	54.4
Friends	100	20.2
Parents	69	15.0
Brother or sister	55	11.7
Uncle or aunt	24	4.8
Husband/partner's family	38	8.4
Children	8	1.8
Neighbours	15	2.5
Police	4	1.1
Doctor/health worker	3	0.8
Priest/nun/other religious figure	0	0.0
Counsellor	0	0.0
Ngo/women's organization	0	0.0
Local leader	0	0.0
Other	11	1.8

* More than one answer could be given, therefore the total percentage is greater than 100%

Table 9.2. Percentage of women who received help, and from whom, among women experiencing physical or sexual partner violence (N=474), MARSHALL ISLANDS, 2012

Who helped *	number	%
No one	246	54.3
Friends	60	11.0
Parents	69	14.3
Brother or sister	62	11.9
Uncle or aunt	28	6.1
Husband/partner's family	56	11.1
Children	3	0.8
Neighbours	14	2.2
Police	5	1.0
Doctor/health worker	0	0.0
Priest nun/other religious figure	0	0.0
Counsellor	0	0.0
Ngo/women's organization	1	0.6
Local leader	0	0.0
Other	8	1.3

* More than one answer could be given, therefore the total percentage is greater than 100%

Table 3.3. Percentage of women who mentioned they would have liked more help, and from whom, among women experiencing physical or sexual partner violence (N=474), MARSHALL ISLANDS, 2012

	By urban/rural area		Country	
	Urban (N=316) (%)	Rural (N=158) (%)	number	Total (N=474) (%)
<i>Wanted more help from...</i> *				
No one	61.1	60.3	298	61.0
His relatives	5.9	6.9	30	6.2
Her relatives	26.5	30.0	119	27.5
Friends/Neighbors	5.0	8.5	34	6.0
Health center	0.0	0.0	0	0.0
Police	3.8	1.5	16	3.1
Priest/religious leader	0.3	0.0	2	0.3
Social Worker	0.3	0.0	1	0.2
Others	0.9	0.0	3	0.7

* More than one answer could be given, therefore the total percentage is greater than 100%

Table 9.4. Percentage of women who sought help from agencies/persons in authority, and satisfaction with support received, among women who experienced physical or sexual partner violence (N=474), MARSHALL ISLANDS, 2012

	To whom went for support*	
	number	%
Not ever gone anywhere for help	429	90.6
Police	24	5.6
Hospital or health centre	15	3.5
Social Service	2	0.3
Legal advice centre	3	0.4
Court	5	0.8
Shelter	2	0.4
Local leader	4	0.6
Women's Organization	5	0.8
Priest/Religious leader	9	1.6
Anywhere else	4	0.7

* Used weighted data

Table 9.5. Main reasons for seeking support from agencies, as mentioned by women who experienced physical or sexual partner violence and who sought help (N=45), MARSHALL ISLANDS, 2012

<i>Reason for seeking support *</i>	number	%
Encouraged by friends/family	8	16.6
Could not endure more	8	15.5
Badly injured	21	47.8
He threatened or tried to kill her	8	20.5
He threatened or hit children	0	0.0
Saw that children suffering	0	0.0
Thrown out of the home	0	0.0
Afraid she would kill him	0	0.0
Afraid he would kill her	4	6.9
Other	0	0.0

* More than one answer could be given, therefore the total percentage is greater than 100%

*Used weighted data

Table 9.6. Main reasons for not seeking support from agencies, as mentioned by women who experienced physical or sexual partner violence and who did not seek help (N=429), MARSHALL ISLANDS, 2012

<i>Reason for not seeking support *</i>	number	%
Don't know/no answer	80	19.4
Fear of threats/consequences/ more violence	61	13.6
Violence normal/not serious	212	47.3
Embarrassed/ashamed/afraid would not	40	11.0
Believed not help/know other women not helped	18	4.3
Afraid would end relationship	19	4.6
Afraid would lose children	13	3.0
Bring bad name to family	13	3.1
Other	17	3.1

* More than one answer could be given, therefore the total percentage is greater than 100%

*Used weighted data

Table 9.7. Percentage of women who ever left home because of violence, among women who experienced physical or sexual partner violence, MARSHALL ISLANDS, 2012

	By urban/rural area		Country
	Urban (N=316) {%}	Rural (N=158) {%}	
Ever left home because of violence	51.9	48.1	Total (N=474) {%} **
Number of times leaving home			number
Never			239
Once	48.2	52.3	235
2 - 5 times	17.8	20.8	86
More than 5 times	24.3	18.5	106
	9.8	8.5	47
Mean number of days away last time*	14.8	30.0	18.4
Where she went last time? (N=239)			
Her relatives	84.7	68.9	183
His relatives	2.3	0.0	6
Her friends/neighbours	8.5	9.8	22
Other***	4.6	21.3	28

* Note that this is not a percentage but an average number of days for each of the subgroups; only includes women who left home and excludes women who left home and did not return

*** Other included: hotel (2), street (1) and other (25).

Table 9.8. Main reasons for leaving home last time she left, as mentioned by women who experienced physical or sexual partner violence and who left home (N=239*), MARSHALL ISLANDS, 2012

<i>Reasons for leaving home **</i>	number	%
No particular incident	28	12.2
Encouraged by friends/family	14	5.0
Could not endure more	78	32.3
Badly injured	48	20.3
He threatened or tried to kill her	64	25.7
He threatened or hit children	5	2.1
Saw that children suffering	4	2.0
Thrown out of the home	7	3.3
Afraid she would kill him	2	1.8
Encouraged by organization:	2	0.8
Afraid he would kill her	47	16.8
Other	21	7.8

* More than one answer could be given, therefore the total percentage is greater than 100%

Table 9.9. Main reasons for returning, as mentioned by women who experienced physical or sexual partner violence, who left home and returned (N=176*), MARSHALL ISLANDS, 2012

<i>Reasons for returning **</i>	number	%
Didn't want to leave children	47	23.4
Sanctity of marriage	13	6.3
For sake of family/children	28	19.0
Couldn't support children	7	4.5
Loved him	34	19.6
He asked her to go back	79	42.8
Family said to return	13	6.6
Forgave him	27	14.2
Thought he would change	13	10.0
Threatened her/children	2	0.8
Could not stay there (where she went)	2	0.7
Violence normal/not serious	11	5.4
Other	4	1.6

* 239 women ever left home while 176 women left home and returned and 76 women left home definitely

** More than one answer could be given, therefore the total percentage is greater than 100%

Table 9.10. Main reasons for not leaving home, as mentioned by women who experienced physical or sexual partner violence and who never left home (N=235), MARSHALL ISLANDS, 2012

Reasons for not leaving home *	number	%
Didn't want to leave children	53	25.1
Sanctity of marriage	9	3.7
Didn't want to bring shame	2	0.7
Couldn't support children	11	4.9
Loved him	68	27.4
Didn't want to be single	2	0.7
Family said to stay	5	2.3
Forgave him	12	4.9
Thought he would change	4	1.4
Threatened her/children	1	0.4
Nowhere to go	4	2.2
Violence normal/not serious	73	28.7
Other	7	3.5

* More than one answer could be given, therefore the total percentage is greater than 100%

Table 9.1.1. Retaliation/fighting back, among women reporting physical partner violence (N=445), MARSHALL ISLANDS, 2012

<i>Whether ever fought back</i>	<i>By urban/rural area</i>		<i>number</i>	<i>Total (N=445) (%)</i>
	<i>Urban (N=293) (%)</i>	<i>Rural (N=152) (%)</i>		
Never	50.2	57.1	232	52.1
Once or twice	17.0	12.7	67	15.8
Several times	21.1	25.4	96	22.3
Many times	11.4	4.8	48	9.5
Don't Know/Refused	0.3	0.0	2	0.2

Table 9.1.2. Effect of fighting back, among women who ever fought back because of physical partner violence (N=211), MARSHALL ISLANDS, 2012

<i>Result of retaliation</i>	<i>By urban/rural area</i>		<i>number</i>	<i>Total (N=211) (%)</i>
	<i>Urban (N=150) (%)</i>	<i>Rural (N=61) (%)</i>		
No change	15.3	5.7	21	12.9
Violence became worse	18.5	20.8	42	19.0
Violence became less	38.9	41.5	74	39.5
Violence stopped	27.4	32.1	74	28.6

Table 9.13. Financial autonomy among currently married or cohabitating women, according to the women's experience of physical and/or sexual partner violence, MARSHALL ISLANDS, 2012

	No Violence (%)	With physical or sexual partner violence (%)	P-value*	All women (%)
Among all currently married/cohabitating women who earned cash (N= 370)				
Respondent able to decide herself how she spends her money	49.2	49.5	1.000	49.3
Respondent contributing more than husband/partner to the family budget	23.8	27.9	0.412	25.9
Among all currently married/cohabitating women (N=863)				
Respondent ever gave up or refused a job because husband did not want her to work	4.1	8.2	0.016	6.2
Respondent's husband took her earnings or savings against her will at least once	6.0	8.4	0.189	7.3
Respondent's husband refused to give money for household expenses when he had money, at least once	25.1	24.1	0.751	24.6
	0.0	0.0		0.0
Respondent able to raise enough money to feed her family for 4 weeks in case of emergency	61.7	54.9	0.052	58.2

* Fisher exact two tailed P value for the difference between women who experienced violence and who did not experience physical and/or sexual partner violence

Table 10.1. Exploration of risk factors for lifetime experience of physical and/or sexual partner violence, among ever-partnered women, Republic of the Marshall Islands * (unweighted)

		Univariable analysis				Multivariable analysis			
		Lifetime experience of intimate partner violence		Crude odds ratio		95% CI		P-value	
		Number	%					Adjusted odds Ratio **	Full model including all riskfactors with P<=0.1 identified at univariable level
									95% CI
									P-value
Women's characteristics									
Age group (years)									
15-24	61	43.9	1						
25-29	56	49.1	1.23	0.75	2.02	0.406			
30-34	85	56.3	1.64	1.04	2.62	0.035			
35-39	77	56.2	1.64	1.01	2.64	0.041			
40-44	59	45.7	1.08	0.67	1.75	0.761			
45-49	56	56.0	1.63	0.97	2.73	0.065			
50-64	80	52.0	1.38	0.87	2.19	0.168	0.274		
Education									
Did not attend school/elementary	133	58.1	1					1	
High school	280	49.9	0.72	0.52	0.98	0.037		0.72	0.038
College	61	45.5	0.60	0.39	0.93	0.021	0.014	0.60	0.021
Current partnership									
Formerly partnered	29	47.5	1						
Currently partnered	445	51.6	1.17	0.70	1.98	0.544	0.544		
Earn own income									
No	270	51.1	1						
Yes	203	51.4	1.01	0.78	1.31	0.939	0.939		0.014
Ownership of capital assets (land, house or business)									
Owens by self	250	50.5	1.00						
Owens with others	206	52.7	1.09	0.84	1.42	0.519	0.519		
Number of children born alive									
0	40	41.2	1					1	
1-2	110	50.5	1.45	0.89	2.35	0.131		1.47	0.122
3-4	139	51.1	1.49	0.93	2.38	0.096		1.50	0.089
5 or more	185	54.9	1.73	1.09	2.74	0.018	0.029	1.75	0.016
Women's other experiences with violence									
Physical violence by others > age 15 years									
No	314	50.7	1						
Yes	160	52.5	1.07	0.81	1.41	0.62	0.62		
Sexual abuse by others > age 15 years									
No	398	49.2	1					1	
Yes	76	66.1	2.01	1.33	3.03	0.001	0.001	2.01	0.001
Childhood sexual abuse by others < age 15 years									
No	408	49.4	1					1	
Yes	66	67.4	2.11	1.36	3.29	0.001	0.001	2.12	0.001

Nature of first sexual intercourse	Wanted Coerced Forced
Women's mother was beaten	No Yes
<i>Variables from women's immediate support network</i>	
Proximity of women's family	Live with family or family near Not living near family
Frequency talking with family members	Less than once a week/never At least once a week/live together
Can count on support of family members	No/don't know Yes
Living with her family	No Yes
Living with his family	No Yes
<i>Partner's characteristics</i>	
Age group (years)	15-24 25-34 35-44 45+
Education	None/elementary High school College/university
Employment status	Working Not working, studying, retired
Alcohol consumption	Less than weekly Weekly or daily
Fighting with other men	No Yes
Having parallel relationships	No Yes/Maybe
Partner's mother was beaten	No/partners not together

Yes	116	68.2	2.45	1.69	3.54	<0.001	<0.001	2.45	1.69	3.54	<0.001	<0.001
Partner was beaten as a child												
No	204	47.0	1					1				
Yes	111	59.7	1.67	1.18	2.36	0.004	0.004	1.67	1.18	2.37	0.004	0.004
<i>Household and relationship characteristics</i>												
Socio-economic status												
Lower	134	59.0	1					1				
Medium	170	51.4	0.73	0.52	1.03	0.074	0.074	0.73	0.52	1.03	0.066	0.066
Higher	170	46.5	0.60	0.43	0.84	0.003	0.003	0.59	0.42	0.82	0.050	0.002
Age difference with partner												
Same age (she is 0-2 years younger)	134	46.5	1					1				
She is older	102	56.7	1.50	1.03	2.18	0.033	0.033					
She is 3-8 years younger	152	51.2	1.20	0.87	1.67	0.261	0.261					
She is 9+ years younger	66	55.0	1.40	0.92	2.15	0.119	0.119					
Difference in educational level												
Same educational level	215	47.9	1					1				
She is higher educated	79	56.8	1.43	0.98	2.10	0.066	0.066	1.43	0.98	2.10	0.066	0.066
She is lower educated	133	54.3	1.29	0.95	1.77	0.107	0.107	1.29	0.95	1.77	0.108	0.076
<i>Fixed effects</i>												
Atol												
Ailinglaplap	31	54.4	1									
Arno	16	37.2	0.50	0.22	1.11	0.090	0.090					
Jaluit	32	61.5	1.34	0.63	2.88	0.451	0.451					
Kwajalein	75	50.7	0.86	0.47	1.59	0.634	0.634					
Lae	19	65.5	1.59	0.63	4.02	0.324	0.324					
Majuro	241	49.5	0.82	0.47	1.42	0.484	0.484					
Malaelap	13	56.5	1.09	0.41	2.89	0.862	0.862					
Mili	13	56.5	1.09	0.41	2.89	0.862	0.862					
Namu	15	53.6	0.97	0.39	2.39	0.944	0.944					
Wotje	19	55.9	1.06	0.45	2.49	0.890	0.890					

** The adjusted odds ratios are adjusted for all other variables in the model

*** The factors that remained significantly associated with lifetime partner violence in the final model are indicated with shaded boxes

Table 10.2. Exploration of risk factors for past 12 month experience of physical and/or sexual partner violence, among ever-partnered women, Republic of the Marshall Islands * (unweighted)

		Univariable analysis				Multivariable analysis					
		Number of women (N=596)	Experienced violence (%)	Crude odds Ratio	95% CI	P-value	Full model including all risk factors with P<=0.1 identified at univariable level				
							Adjusted odds Ratio **	95% CI	P-value		
Women's characteristics											
Age group (years)											
15-24		36	31.6	1	0.57	1.90	0.883	1	0.59	1.95	0.826
25-29		28	32.6	1.05	0.67	2.08	0.563	1.07	0.68	2.11	0.535
30-34		36	35.3	1.18	0.47	1.61	0.649	1.19	0.47	1.63	0.681
35-39		24	28.6	0.87	0.23	0.92	0.028	0.88	0.24	0.93	0.029
40-44		15	17.7	0.46	0.31	1.33	0.234	0.47	0.30	1.30	0.208
45-49		13	22.8	0.64	0.17	0.73	0.005	0.62	0.17	0.73	0.005
50-64		12	14.0	0.35			<0.001	0.35			<0.001
Education											
Did not attend school/elementary		32	25.0	1							
High school		112	28.5	1.20	0.76	1.89	0.442				
College		20	21.5	0.82	0.44	1.55	0.546				0.686
Current partnership											
Formerly partnered		7	18.0	1							
Currently partnered		157	27.3	1.72	0.74	3.97	0.206				0.206
Earn own income											
No		94	26.7	1							
Yes		69	26.4	0.99	0.69	1.42	0.941				0.941
Ownership of capital assets (land, house or business)											
Owns by self		92	27.3	1.00							
Owns with others		60	24.5	0.86	0.59	1.26	0.446				0.446
Number of children born alive											
0		21	26.9	1							
1-2		43	28.5	1.08	0.59	1.99	0.804				
3-4		49	26.9	1.00	0.55	1.82	1				
5 or more		51	25.1	0.91	0.50	1.65	0.757				0.581
Women's other experiences with violence											
Physical violence by others > age 15 years											
No		99	24.5	1				1			
Yes		65	31.0	1.38	0.95	2.00	0.087	1.37	0.95	1.99	0.09
Sexual abuse by others > age 15 years											
No		142	25.7	1				1			
Yes		22	36.1	1.67	0.94	2.97	0.079	1.63	0.92	2.90	0.096
Childhood sexual abuse by others < age 15 years											
No		139	25.0	1				1			

Yes	25	43.9	2.35	1.35	4.10	0.003	0.003	2.34	1.34	40.90	0.003	0.003
Nature of first sexual intercourse												
Wanted	89	22.4	1					1				
Coerced	41	32.3	1.65	1.06	2.56	0.026		1.61	1.03	2.50	0.035	
Forced	31	39.7	2.28	1.37	3.81	0.002	<0.001	2.26	1.35	3.77	0.002	0.001
Women's mother was beaten												
No	405	20.3	1					1				
Yes	94	22.5	2.06	1.40	3.04	<0.001	<0.001	2.06	1.40	3.04	<0.001	<0.001
<i>Variables from women's immediate support network</i>												
Proximity of women's family												
Live with family or family near	110	23.8	1					1				
Not living near family	54	35.8	1.79	1.20	2.65	0.004	0.004	1.79	1.20	2.66	0.004	0.004
Frequency talking with family members												
Less than once a week/never	58	35.6	1					1				
At least once a week/live together	106	23.5	0.56	0.38	0.82	0.003	0.003	0.56	0.38	0.82	0.003	0.003
Can count on support of family members												
No/don't know	30	27.0	1									
Yes	134	26.8	0.99	0.62	1.57	0.952	0.952					
Living with her family												
No	42	18.3	1									
Yes	115	33.2	1.23	0.85	1.78	0.269	0.269					
Living with his family												
No	83	25.5	1					1				
Yes	74	29.6	2.22	1.49	3.33	<0.001	<0.001	2.24	1.50	3.35	<0.001	<0.001
<i>Partner's characteristics</i>												
Age group (years)												
15-24	18	30.0	1					1				
25-34	60	32.8	1.13	0.60	2.14	0.688		1.13	0.60	2.15	0.686	
35-44	49	29.3	0.97	0.51	1.85	0.924		0.97	0.51	0.85	0.932	
45+	33	18.2	0.52	0.27	1.02	0.055	0.005	0.52	0.26	1.00	0.053	0.005
Education												
None/elementary	24	24.7	1									
High school	101	30.9	1.34	0.81	2.28	0.245						
College/university	25	18.9	0.71	0.38	1.34	0.291	0.207					
Employment status												
Working	103	26.3	1									
Not working, studying, retired	61	28.6	1.12	0.77	1.63	0.545	0.545					
Alcohol consumption												
Less than weekly	116	24.8	1					1				
Weekly or daily	47	33.8	1.55	1.03	2.33	0.036	0.036	1.52	1.00	2.29	0.047	0.047
Fighting with other men												
No	99	22.6	1					1				
Yes	62	39.7	2.27	1.53	3.35	<0.001	<0.001	2.23	1.51	3.30	<0.001	<0.001
Having parallel relationships												
No	67	17.8	1					1				
Yes/Maybe	71	49.0	4.42	2.91	6.73	<0.001	<0.001	4.41	2.91	6.72	<0.001	<0.001
Partner's mother was beaten												



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